

# **GUIDELINES FOR SERVICE AUTHORIZATION and PROVIDER BILLING DOCUMENTATION**

# Introduction

This guidance provides information on the Developmental Disabilities Administration's (DDA) programs including the three Medicaid Home and Community Based Services Waivers (i.e., Family Supports Waiver, Community Supports Waiver, and Community Pathways Waiver) and the State Funded program. For each service, the guidance includes the following information:

- **Service Name** - Title of the service
- **Procedure Codes** – Medicaid designated billing procedure codes applicable for each Waiver and for the traditional and self-directed services delivery models
- **Service Billing Unit** – Service specific unit descriptor, for example, 15 minutes, daily, monthly, and milestone
- **Service Description** - Brief summary of the service. For additional details and service requirements refer to the federally approved Waiver applications
- **Instructions for Authorizing Services** – Description of requirements need for DDA authorization (e.g., age restrictions, documentation requirements for the participant's Person-Centered Plan, Health Risk Screen Tool (HRST) requirements, having exhausted non-waiver services, upper pay limits, etc.)
- **Provider Billing Documentation Guidelines** – Description of what must be recorded and/or kept by the provider as evidence of service delivery (e.g., progress notes, staff time sheets or payroll records, receipts, etc.)
- **Conflicts** – List of services that may not be authorized or delivered during the same service billing units

Please note rates associated with services authorized and billed through PCIS2 are posted on the [DDA Rates and Invoice webpage](#). Rates associated with the Pilot program, Personal Supports, and Supported Living are posted on the DDA [LTSSMaryland webpage](#).

Please review this guidance carefully, in addition to application policies, regulations, and the federally approved Waivers themselves. If you have questions, please reach out to the Regional Office Provider Relations team.

This guidance is effective upon publication. In the event of a public health emergency or state of emergency, the approval of federal disaster relief under the Medicaid State Plan, Emergency Preparedness and Response Appendix K, or other federal authorities may supersede these standards and requirements.

## REFERENCES:

[Family Supports Waiver](#)

[Community Supports Waiver](#)

[Community Pathways Waiver](#)

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MEANINGFUL DAY SERVICES					
Service Name	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
<b>Employment Services (ES)</b>  <b>Available: Dec 1, 2019 for Pilot program and as service transitions into LTSSMaryland</b>	See individual services below	<p><b><i>New array of Employment Services (ES) includes:</i></b></p> <ul style="list-style-type: none"> <li>- <i>Discovery (3 milestones)</i> <ul style="list-style-type: none"> <li>○ <i>Assessment</i></li> <li>○ <i>Observations</i></li> <li>○ <i>Profile</i></li> </ul> </li> <li>- <i>Job Development (hourly)</i></li> <li>- <i>Ongoing Job Supports (hourly)</i></li> <li>- <i>Follow Along Supports (monthly payment)</i></li> <li>- <i>Co-worker Employment Supports (monthly payment)</i></li> <li>- <i>Self-Employment Development Supports (1 milestone)</i></li> </ul> <p><b><i>Other requirements</i></b></p> <ul style="list-style-type: none"> <li>- <i>Ongoing Job Supports include personal care (PC), behavioral supports, and delegated nursing but may not comprise the entirety of the service.</i></li> <li>- <i>ES do NOT include volunteering, apprenticeships or internships unless it is part of the discovery process and time limited.</i></li> <li>- <i>ES do NOT include payment for supervision, training, support and adaptations typically available to other workers.</i></li> </ul>	<i>See individual services below</i>	<i>See individual services below</i>	<i>Employment Services are not available at the same time as the direct provision of Career Exploration, Community Development Services, Day Habilitation, Medical Day Care, Nurse Consultation, Personal Supports, Respite Care Services, or Transportation (except during Follow Along Supports) services.</i>

<p><b>ES - Discovery Services</b></p>	<p><i>(Milestone)</i></p>	<p>A time limited comprehensive, person-centered, and community-based employment planning support service to identify the person's abilities, conditions, and interests, delivered in three (3) milestone phases:</p> <ul style="list-style-type: none"> <li>- <b>#1 - Assessment:</b> Home visit, community survey, review of experience.</li> <li>- <b>#2 - Observations:</b> Of the person in at least 3 community settings.</li> <li>- <b>#3 - Profile:</b> Includes resume and job development plan.</li> </ul>	<p><i>Service Authorization requirements for Discovery Services include the following:</i></p> <ul style="list-style-type: none"> <li>- <i>The person is 18 years of age or older and no longer in high school;</i></li> <li>- <i>The person has exhausted all appropriate and available services through Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services; AND</i></li> <li>- <i>Has a documented interest in employment or employment exploration in their PCP; OR</i></li> <li>- <i>Is currently employed and there is documentation in the PCP of interest in a different job.</i></li> </ul> <p><i>Service limits for Discovery Services are as follows:</i></p> <ul style="list-style-type: none"> <li>- <i>Discovery Services will be authorized once every 24 months unless the person experiences an unexpected life event that requires a discovery service more than once in a 24-month period.</i></li> </ul>	<p><i>Required Documentation for each Milestone includes:</i></p> <p><b>Milestone #1:</b> to include:</p> <ul style="list-style-type: none"> <li>- <i>Documentation of a visit/observation with the person and their team in the person's home or in an alternate mutually decided upon location aside from a provider site.</i></li> <li>- <i>Documentation that the visit included discussion of the person's interests and preferred activities or hobbies, including how they spend their time.</i></li> <li>- <i>An in-person survey of the community near and around the person's home; AND</i></li> <li>- <i>Documentation of record reviews for pertinent job experience, education and assessments.</i></li> </ul> <p><b>Milestone #2:</b> Completion of Milestone 1 and Community Observation to include:</p> <ul style="list-style-type: none"> <li>- <i>Documentation of observations in 3 community-based situations; and/or informational interviews with area employers; AND</i></li> </ul>	
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				<ul style="list-style-type: none"> <li>- Documentation of what has emerged and what was learned from observations; AND</li> <li>- Evidence of a team discussion and coordination.</li> </ul> <p><b>Milestone #3:</b> Completion of Milestone 1&amp;2 and Discovery Profile to include:</p> <ul style="list-style-type: none"> <li>- Compilation of information collected to-date, any additional activities that have occurred; AND,</li> <li>- A final summary outlining who the person is; AND</li> <li>- Picture, video, and/or written resume; AND</li> <li>- Team meeting and/or collaboration to compile all information into a final Employment Plan which includes recommended next steps.</li> </ul>	
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ES - Job Development	(Hour)	<b>Supports to obtain competitive integrated employment in the general workforce, including:</b> 1. Customized employment 2. Self-employment	<b><i>Service Authorization requirements for Job Development include the following:</i></b> <ul style="list-style-type: none"><li>- <i>The person is 18 years of age or older and no longer in high school;</i></li><li>- <i>The person has exhausted all appropriate and available services through Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services; AND</i></li><li>- <i>Has a documented interest in Employment Services in their PCP; OR</i></li><li>- <i>Is currently employed and there is documentation in the PCP of interest in a different job.</i></li></ul> <b><i>Service limits for Job Development are as follows:</i></b> <ul style="list-style-type: none"><li>- <i>Services may be authorized for a limit of 8 hours a day and 40 hours per week including Career Exploration, Community Development Services, Day Habilitation, and Employment Services – Ongoing Job Supports.</i></li><li>- <i>Initial authorization should not exceed 90 hours.</i></li><li>- <i>Services can be authorized up to twice a year for a total of 180 hours.</i></li></ul>	<b><i>Required documentation for Job Development includes the following:</i></b> <ul style="list-style-type: none"><li>- <i>Staff timesheets with start and end times and dates of service; AND</i></li><li>- <i>Documentation of tasks completed (both with and without the person) and their correlation toward goals of the person as stated in the Employment Plan and/or PCP, i.e. service note.</i></li></ul>	
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			<ul style="list-style-type: none"> <li>- DDA may authorize additional hours with another provider if documentation indicates that the provider did not put forth a good faith effort to identify opportunities that align with that person's Employment Plan and/or PCP.</li> <li>-</li> </ul>		
<b>ES - Follow Along Supports</b>	<i>(Month)</i>	<b>Direct and Indirect Supports that occur after the person has transitioned into their job:</b> <ul style="list-style-type: none"> <li>- Ensure the person has the assistance necessary to maintain their job(s); AND</li> <li>- Includes at least two (2) monthly direct support contacts</li> </ul>	<p><b>Service Authorization requirements for Follow Along Supports include the following:</b></p> <ul style="list-style-type: none"> <li>- The person is 18 years of age or older and no longer in high school;</li> <li>- The person has exhausted all appropriate and available services through Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services;</li> <li>- There is documentation in the PCP that follow along supports are needed for the person to maintain employment; AND</li> <li>- The person and their team certify that the employment situation meets the criteria of competitive integrated employment outlined in DDA's guidance.</li> </ul> <p><b>Service limits for Follow Along Supports are as follows:</b></p>	<ul style="list-style-type: none"> <li>- <b>Requirement documentation for Follow Along Supports includes the following:</b> Staff timesheets denoting the date/time/location of at least two (2) direct support contacts;</li> <li>- Documentation that the person is working in the month service was provided; or that the person is employed but not working and DDA approved extenuating circumstances indicating that the person needed this support to maintain his or her job; AND</li> <li>- Monthly progress note documenting service provision and progress toward outcome(s).</li> </ul>	

			<ul style="list-style-type: none"> <li>- <i>Services will be authorized on an ongoing basis unless the PCP specifies the time limit or the competitive integrated employment terminates.</i></li> </ul>		
<b>ES - Ongoing Job Supports</b>	<i>(Hour)</i>	<p><b>Supports in learning and completing job tasks to successfully maintain a job including:</b></p> <ul style="list-style-type: none"> <li>- When beginning a new job;</li> <li>- After a promotion;</li> <li>- After a significant change in duties; AND/OR</li> <li>- When there is a change in circumstances, AND/OR,</li> </ul> <p>Individualized supports a participant may need to successfully maintain their job:</p> <ul style="list-style-type: none"> <li>- Job coaching;</li> <li>- Facilitation of natural supports;</li> <li>- Ongoing job supports;</li> <li>- Systematic instruction;</li> <li>- Travel training; and</li> <li>- Personal care assistance, behavioral supports, and delegated nursing tasks, based on assessed need, to support the employment but may not comprise the entirety of the service.</li> </ul>	<p><b><i>Service Authorization requirements for Ongoing Job Supports include the following:</i></b></p> <ul style="list-style-type: none"> <li>- <i>The person is 18 years of age or older and no longer in high school;</i></li> <li>- <i>The person has exhausted all appropriate and available services through Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services.</i></li> <li>- <i>There is documentation in the PCP that ongoing job supports are needed for the person to maintain employment; AND</i></li> <li>- <i>The person and their team certify that the employment situation meets the criteria of competitive integrated employment outlined in DDA’s guidance.</i></li> </ul> <p><b><i>When appropriate:</i></b></p> <ul style="list-style-type: none"> <li>- <i>A “Fading Plan”, that notes the anticipated number of support hours needed.</i></li> </ul>	<p><b><i>Required documentation for Ongoing Job Supports includes the following:</i></b></p> <ul style="list-style-type: none"> <li>- <i>Staff timesheets with start and end times and dates of service; AND</i></li> <li>- <i>Documentation of tasks completed and their correlation toward goals of the person as stated in the PCP, i.e. a service note.</i></li> </ul>	

		When appropriate, ongoing job supports must include a “fading plan” that notes the anticipated number of support hours needed.	<p><b><i>Service limits for Ongoing Job Supports are as follows:</i></b></p> <ul style="list-style-type: none"> <li>- 10 hours a day and 40 hours per week including Career Exploration, Community Development Services, Day Habilitation, and Employment Services-Job Development.</li> </ul>		
<b>ES - Co-worker Employment Supports</b>	<i>(Month)</i>	<p>Time-limited support provided by the employer to assist the person with extended orientation and training. Supports are provided by a co-worker who may receive additional compensation.</p> <p><b><i>Compensation is at the discretion of the employer.</i></b></p> <p>Co-Worker supports are limited to the first three (3) months of employment, unless approved by DDA.</p>	<p><b><i>Service Authorization requirements for Co-worker Employment Supports include the following:</i></b></p> <ul style="list-style-type: none"> <li>- The person is 18 years of age or older and no longer in high school;</li> <li>- The person has exhausted all appropriate and available services through Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services;</li> <li>- There is documentation in the PCP that co-worker employment supports are needed for the person to maintain employment; AND</li> <li>- The person and their team certify that the employment situation meets the criteria of competitive integrated employment outlined in DDA’s guidance.</li> </ul> <p><b><i>Service limits for Co-worker Employment Supports are as follows:</i></b></p> <ul style="list-style-type: none"> <li>- Services may be authorized for the first three months of employment</li> </ul>	<p><b><i>Required documentation for Co-Worker Employment Supports includes the following:</i></b></p> <ul style="list-style-type: none"> <li>- Invoice from the employer documenting the services were provided and signed and dated by the person receiving services and the employee providing the services.</li> </ul>	

			<i>unless otherwise authorized by the DDA.</i>		
<b>ES - Self Employment Development Supports</b>	<i>(Milestone)</i>	Supports to develop a business and marketing plan.	<p><b><i>Service Authorization requirements for Self Employment Development Supports include the following:</i></b></p> <ul style="list-style-type: none"> <li>- <i>The person is 18 years of age or older and no longer in high school;</i></li> <li>- <i>The person has exhausted all appropriate and available services through Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services;</i></li> <li>- <i>Has completed Discovery (must review the Discovery Milestones) and there is a recommendation to pursue self-employment produced from the 3 Discovery milestones.</i></li> </ul> <p><b><i>Service limits for Self Employment Development Supports are as follows:</i></b></p> <ul style="list-style-type: none"> <li>- <i>Self-Employment /Development Supports can be authorized 1 time per year; AND</i></li> <li>- <i>Medicaid funds may NOT be used to defray the expenses associated with starting or operating a business.</i></li> </ul>	<p><b><i>Required documentation for Self-Employment Development Supports includes the following:</i></b></p> <ul style="list-style-type: none"> <li>- <i>Business and Marketing Plan that includes potential sources of business financing and other assistance in developing, launching and operating a business.</i></li> </ul>	

Supported Employment	(Day)	<p><b>Community-based supports to obtain competitive integrated employment in the general workforce, including:</b></p> <ol style="list-style-type: none"> <li>1. Customized employment;</li> <li>2. Self-employment;</li> <li>3. On-the-job training in work and work-related skills;</li> <li>4. Facilitation of natural supports in the workplace;</li> <li>5. Ongoing support and monitoring of the individual's performance on the job;</li> <li>6. Training in related skills needed to obtain and retain employment such as using community resources and public transportation.</li> </ol>	<p><b><i>Service Authorization requirements for Supported Employment include the following:</i></b></p> <ul style="list-style-type: none"> <li>- <i>The person is 18 years of age or older and no longer in high school;</i></li> <li>- <i>The person has exhausted all appropriate and available services through Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services; AND</i></li> <li>- <i>Has a documented interest in employment in their PCP; OR</i></li> <li>- <i>Is currently employed and there is documentation in the PCP of interest in a different job; OR</i></li> <li>- <i>There is documentation in the PCP that:</i> <ul style="list-style-type: none"> <li>o <i>Ongoing job supports are needed for the person to maintain employment; AND</i></li> <li>o <i>The person and their team certify that the employment situation meets the criteria of competitive integrated employment outlined in DDA’s guidance.</i></li> </ul> </li> </ul> <p><b><i>When appropriate,</i></b></p> <ul style="list-style-type: none"> <li>- <i>A “Fading Plan”, that notes the anticipated number of support hours needed.</i></li> </ul>	<p><b><i>Required documentation for Job Development includes the following:</i></b></p> <ul style="list-style-type: none"> <li>- <i>Staff timesheets with start and end times and dates of service; AND</i></li> <li>- <i>Documentation of tasks completed and their correlation toward goals of the person as stated in the PCP, i.e. service note.</i></li> </ul>	<p><b><i>From July 1, 2018 through June 30, 2021, Supported Employment daily service units are not available:</i></b></p> <ol style="list-style-type: none"> <li>1. <i>On the same day a participant is receiving Career Exploration, Community Development Services, Day Habilitation, Medical Day Care, or Employment Discovery &amp; Customization services; and</i></li> <li>2. <i>At the same time as the direct provision of Behavioral Support Services, Community Living—Enhanced Supports, Community Living-Group Homes, Nurse Consultation, Nurse Health Case Management, Nurse Case Management and Delegation Service, Personal Supports, Respite Care Services, Shared</i></li> </ol>
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					Living, Supported Living, or Transportation services.
<b>Employment Discovery &amp; Customization</b>	(Day)	<p><b>A time limited comprehensive, person-centered, and community-based employment planning support service to identify the person’s abilities, conditions, and interests including:</b></p> <ul style="list-style-type: none"> <li>- <b>#1 - Assessment:</b> Home visit, community survey, review of experience.</li> <li>- <b>#2 - Observations:</b> Of the person in at least 3 community settings.</li> <li>- <b>#3 - Profile:</b> Includes resume and job development plan.</li> </ul>	<p><b>Service Authorization requirements for Employment Discovery &amp; Customization Services include the following:</b></p> <ul style="list-style-type: none"> <li>- The person is 18 years of age or older and no longer in high school;</li> <li>- The person has exhausted all appropriate and available services through Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services; AND</li> <li>- Has a documented interest in employment or employment exploration in their PCP; OR</li> <li>- Is currently employed and there is documentation in the PCP of interest in a different job.</li> <li>- Activities must be completed within a six (6) month period unless otherwise authorized by the DDA.</li> </ul> <p><b>Service limits are as follows:</b></p> <ul style="list-style-type: none"> <li>- Discovery Services will be authorized once every 24 months</li> </ul>	<p><b>Required Documentation includes:</b></p> <p><b>#1: Assessment to include:</b></p> <ul style="list-style-type: none"> <li>- Documentation the person received a face to face visit;</li> <li>- Documentation of team discussion of the person’s employment goals;</li> <li>- An environmental scan of job opportunities available to the person; AND</li> <li>- Documentation of record reviews for pertinent job experience, education and assessments.</li> </ul> <p><b>#2: Completion of # 1 and Community Observation to include:</b></p> <ul style="list-style-type: none"> <li>- Documentation of observations in 3 community-based situations; AND</li> <li>- Documentation of team discussion.</li> </ul>	<p><b>From July 1, 2018 through June 30, 2021, Employment Discovery and Customization services are not available:</b></p> <ol style="list-style-type: none"> <li>1. On the same day a participant is receiving Career Exploration, Community Development Services, Day Habilitation, Medical Day Care, or Supported Employment services; and</li> <li>2. At the same time as the direct provision of Behavioral Support Services, Community Living—Enhanced Supports, Community Living—Group Homes, Nurse Consultation, Nurse Health Case</li> </ol>

			<p><i>unless the person experiences an unexpected life event that requires a discovery service more than once in a 24-month period.</i></p> <ul style="list-style-type: none"> <li>- <i>Services may not exceed a maximum of eight (8) hours per day (including other Supported Employment, Career Exploration, Community Development Services, and Day Habilitation services).</i></li> </ul>	<p><b># 3: Completion of # 1&amp;2 and Discovery Profile to include:</b></p> <ul style="list-style-type: none"> <li>- <i>Resume; AND</i></li> <li>- <i>Job Development Plan.</i></li> </ul>	<p>Management, Nurse Case Management and Delegation Service, Personal Supports, Respite Care Services, Shared Living, Supported Living, or Transportation services.</p>
<p><b>Community Development Services (CDS)</b></p>	<p><b>PCIS2 - (Day)</b> <b>LTSSMaryland - (Hour)</b></p>	<p>Community based services that provide the person with development and maintenance of skills related to community membership through engagement in community-based activities with people without disabilities.</p> <p><b>Characteristics of the service include that it:</b></p> <ul style="list-style-type: none"> <li>- Must be provided in the community;</li> <li>- Provide opportunities to develop skills and increase independence related to community integration;</li> <li>- Promote positive growth and developing general skills and social supports necessary to gain, retain, or advance competitive integrated employment opportunities; AND</li> </ul>	<p><b><i>Service Authorization requirements for Community Development Services include the following:</i></b></p> <ul style="list-style-type: none"> <li>- <i>The person must be 18 years old and no longer in high school.</i></li> <li>- <i>An individualized schedule will be used to provide an estimate of times associated with service activities that reflect the person's preferences and PCP goals; the schedule is used to determine the authorization of hours and is not intended to dictate the actual provision of services; AND</i></li> <li>- <i>The person has exhausted all appropriate and available services through Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services.</i></li> </ul>	<p><b><i>Required documentation for Community Development Services includes the following:</i></b></p> <ul style="list-style-type: none"> <li>- <i>Activity log listing all people in a group (limited to no more than 4 people) to include in and out times and the location of service provision;</i></li> <li>- <i>Service note describing service/activities as authorized by the PCP; AND</i></li> <li>- <i>Providers should maintain copies of staff timesheets that document the presence of staff who provided the services under the hours billed.</i></li> </ul>	<p><b>From July 1, 2018 through June 30, 2021, Community Development Services daily service units are not available:</b></p> <ol style="list-style-type: none"> <li>1. On the same day a participant is receiving Career Exploration, Day Habilitation, Employment Discovery and Customization, Medical Day Care, or Supported Employment services; and</li> <li>2. At the same time as the direct provision of Community</li> </ol>



		<ul style="list-style-type: none"> <li>- Only include personal care assistance and nurse health case management services, based on assessed need, when provided in combination with other allowable CDS activities; that is, personal care and nurse health case management services may not be the primary or only service provided during CDS.</li> </ul>	<p><b>Authorized staffing levels are determined by the person's needs.</b></p> <ul style="list-style-type: none"> <li>- For people who do not require dedicated 1:1 or 2:1 staffing, the service may not be provided in a ratio greater than 1 to 4 people at a time.</li> </ul> <p><b>For people with medical needs</b></p> <ul style="list-style-type: none"> <li>o 1:1: HRST documenting the need for 1:1 dedicated staff to be reviewed/authorized by RN.</li> <li>o 2:1: HRST documenting the need for 2:1 dedicated staff to be reviewed/authorized by RN.</li> <li>- For people with behavioral needs <ul style="list-style-type: none"> <li>o 1:1: HRST documenting the need for dedicated staff AND a BP specifying the provision of 1:1 supports.</li> <li>o 2:1: HRST documenting the need for dedicated staff AND a BP specifying the provision of 2:1 supports.</li> </ul> </li> </ul> <p><b>Service limits for Community Development Services are as follows:</b></p> <ul style="list-style-type: none"> <li>- 8 hours per day; AND</li> <li>- 40 hours per week including Career Exploration, Day Habilitation, Supported Employment, Employment Discovery and Customization; Employment</li> </ul>	<p><b>Required documentation for 1:1 and 2:1 staffing:</b></p> <ul style="list-style-type: none"> <li>- Audit trail should provide a link between the person and the staff providing the support; AND</li> <li>- Service notes must support the provision of services as specified in the BP and/or nursing care plan.</li> </ul>	<p>Living—Enhanced Supports, Community Living-Group Homes, Personal Supports, Respite Care Services, Shared Living, Supported Living, or Transportation services.</p> <p><b>Effective Dec 1, 2019,</b> Community Development Services are not available at the same time as the direct provision of Career Exploration, Community Living—Enhanced Supports, Community Living-Group Homes, Day Habilitation, Employment Discovery and Customization, Employment Services, Medical Day Care, Nurse Consultation, Personal Supports, Respite Care Services, Shared Living, Supported Employment, Supported Living, or Transportation services.</p>
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			<p><i>Services Job Development and Ongoing Job Supports.</i></p> <p><i>Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including but not limited to those offered by Maryland’s State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services, must be explored and exhausted to the extent applicable. These efforts must be documented in the participant’s file.</i></p> <p><i>To the extent any listed services are covered under the Medicaid State Plan, the services under the waiver will be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.</i></p>		
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<b>Day Habilitation Services</b>	<b>PCIS2 - (Day)</b>  <b>LTSSMaryland - (Hour)</b>	<p>Community and facility based services that provide the person with development and maintenance of skills related to activities of daily living, instrumental activities of daily living, and vocation and socialization, through application of formal teaching methods and participation in meaningful activities.</p> <p><b>Characteristics of the service include that it:</b></p> <ul style="list-style-type: none"><li>- May be provided in a variety of settings in the community or a facility owned or operated by the provider agency;</li><li>- Services cannot be provided in the person’s home or other residential setting; AND</li><li>- Day Habilitation services are provided Monday through Friday.</li></ul> <p><b>Note:</b> Day Habilitation services may include personal care assistance and nurse health case management services, based on assessed need, when provided in combination with other allowable Day Habilitation activities; that is, personal care and nurse health case management services may not be the primary or only service provided during Day Habilitation.</p>	<p><b><i>Service Authorization requirements for Day Habilitation Services include the following:</i></b></p> <ul style="list-style-type: none"><li>- <i>The person is 18 years of age or older and no longer in High School;</i></li><li>- <i>An individualized schedule will be used to provide an estimate of times associated with service activities that reflect the person’s preferences and PCP goals; the schedule is used to determine the authorization of hours and is not intended to dictate the actual provision of services; AND</i></li><li>- <i>The person has exhausted all appropriate and available services through Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services.</i></li></ul> <p><b><i>Authorized staffing levels are determined by the person’s needs:</i></b></p> <ul style="list-style-type: none"><li>- <i>For people who do not require dedicated 1:1 or 2:1 staffing, the service is provided in</i><ul style="list-style-type: none"><li>o <i>Small Group (2-5); OR</i></li><li>o <i>Large Group (6-10)</i></li></ul></li><li>- <i>For people with medical needs</i><ul style="list-style-type: none"><li>o <i>1:1: HRST documenting the need for 1:1 dedicated staff to be reviewed/ authorized by RN.</i></li></ul></li></ul>	<p><b><i>Required documentation for Day Habilitation Services includes the following:</i></b></p> <ul style="list-style-type: none"><li>- <i>Attendance log with in and out times;</i></li><li>- <i>Documented affirmation the service was provided, such as a service note or activity log and individualized schedules.</i></li><li>- <i>Providers should maintain copies of staff timesheets that document the presence of staff who provided the services under the hours billed.</i></li></ul>	<p><b>From July 1, 2018 through June 30, 2021, Day Habilitation services are not available:</b></p> <ol style="list-style-type: none"><li>1. On the same day a participant is receiving Career Exploration, Community Development Services, Employment Discovery and Customization, Medical Day Care, or Supported Employment services; and</li><li>2. At the same time as the direct provision of Community Living—Enhanced Supports, Community Living-Group Homes, Personal Supports, Respite Care Services, Shared Living, Supported Living, or Transportation services.</li></ol> <p><b>Effective Dec 1, 2019, Day Habilitation services</b></p>
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			<ul style="list-style-type: none"> <li>○ 2:1: HRST documenting the need for 2:1 dedicated staff to be reviewed/ authorized by RN.</li> <li>- For people with behavioral needs <ul style="list-style-type: none"> <li>○ 1:1: HRST documenting the need for dedicated staff; AND a BP specifying the provision of 1:1 supports.</li> <li>○ 2:1: HRST documenting the need for dedicated staff; AND a BP specifying the provision of 2:1 supports.</li> </ul> </li> </ul> <p><b>Service limits for Day Habilitation Services are as follows:</b></p> <ul style="list-style-type: none"> <li>- 8 hours per day;</li> <li>- 40 hours per week including Career Exploration, Community Development Services, Employment Services – Job Development, and Employment Services – Ongoing Job Supports; AND</li> <li>- Only available Monday – Friday.</li> </ul>		are not available at the same time as the direct provision of Career Exploration, Community Development Services, Community Living—Enhanced Supports, Community Living-Group Homes, Employment Discovery and Customization, Employment Services, Medical Day Care, Nurse Consultation, Personal Supports, Respite Care Services, Shared Living, Supported Employment, Supported Living, or Transportation services.
<b>Career Exploration (CE)</b>	<b>PCIS2 – (Day)</b> <b>LTSSMaryland - (Hour)</b>	<p><b>Career Exploration are time limited services to help the person to learn skills to work toward competitive integrated employment, through:</b></p> <ul style="list-style-type: none"> <li>- Facility-Based Supports at a fixed site owned, operated, or controlled by a licensed provider or doing work under a contract being paid by a licensed provider and are only available Monday – Friday.</li> </ul>	<p><b>Service Authorization requirements for Career Exploration include the following:</b></p> <ul style="list-style-type: none"> <li>- The person is 18 years of age or older and no longer in high school;</li> <li>- Prior to July 2018, the person <ul style="list-style-type: none"> <li>○ Has been working under a supported employment contract; OR</li> </ul> </li> </ul>	<p><b>Required documentation for Career Exploration includes the following:</b></p> <ul style="list-style-type: none"> <li>- Attendance log to include in and out times;</li> <li>- Documented affirmation the service was provided, such as a service note; AND</li> <li>- Providers should maintain copies of staff timesheets that document the presence</li> </ul>	<p><b>From July 1, 2018 through June 30, 2021, Career Exploration daily services units are not available:</b></p> <ol style="list-style-type: none"> <li>1. On the same day a participant is receiving Community Development Services, Day Habilitation,</li> </ol>

		<ul style="list-style-type: none"> <li>- Small and Large Groups where people complete tasks under a contract with the provider at a community site not owned, operated or controlled by the licensed provider, i.e. enclaves, mobile crews: <ul style="list-style-type: none"> <li>o Small: 2 – 8 people; OR</li> <li>o Large: 9 – 16 people.</li> </ul> </li> </ul> <p><b>Note:</b> CE may include personal care assistance and nurse health case management services, based on assessed need, when provided in combination with other allowable CE activities; that is, personal care and nurse health case management services may not be the primary or only service provided during CE.</p>	<ul style="list-style-type: none"> <li>o <i>Has been working in a situation that is not competitive or integrated.</i></li> <li>o <i>Has been receiving Day Habilitation or Supported Employment; AND</i></li> <li>- <i>The person's PCP includes</i> <ul style="list-style-type: none"> <li>o <i>An employment goal that outlines transition to competitive integrated employment AND</i></li> <li>o <i>Documentation that the person has been informed of other meaningful day services.</i></li> </ul> </li> <li>- <i>A person must be reauthorized annually to receive this service.</i></li> </ul> <p><b>Service limits for Career Exploration are as follows:</b></p> <ul style="list-style-type: none"> <li>- <i>In order for a person previously authorized for this service before July 1, 2019 to be reauthorized, they will need to maintain a current employment goal in their person-centered plan, along with evidence that the person and the team is still working on the outlined trajectory toward competitive integrated employment outcomes.</i></li> <li>- <i>New people authorized for Career Exploration, after July 1, 2019, can be authorized for up to 720 hours</i></li> </ul>	<p><i>of staff who provided the services under the hours billed.</i></p> <p><b>Required documentation for Small and Large Group Supports:</b></p> <ul style="list-style-type: none"> <li>- <i>Attendance log listing all people in a group (Small: 2-8; Large: 9-16) to include in and out times and the location of service provision;</i></li> <li>- <i>Documented affirmation the service was provided, such as a service note; AND</i></li> <li>- <i>Providers should maintain copies of staff timesheets that document the presence of staff who provided the services under the hours billed.</i></li> </ul>	<p>Employment Discovery and Customization, Medical Day Care, or Supported Employment services; and</p> <p>2. At the same time as the direct provision of Community Living—Enhanced Supports, Community Living-Group Homes, Personal Supports, Respite Care Services, Shared Living, Supported Living, or Transportation services.</p> <p><b>Effective Dec 1, 2019,</b> Career Exploration services are not available at the same time as the direct provision of Community Development Services, Community Living—Enhanced Supports, Community Living-Group Homes, Day Habilitation, Employment Services, Medical Day Care, Nurse Consultation,</p>
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			<p><i>for one plan year, with no ability to be reauthorized, unless approved by DDA due to extenuating circumstances; including:</i></p> <ul style="list-style-type: none"><li>○ <i>At the end of the plan year, there were unused hours due to a health issue that the person experienced;</i></li><li>○ <i>At the end of the plan year, there were unused hours because a previous provider did not provide the service hours as authorized. 8 hours per day; AND</i></li><li>- <i>40 hours per week including Community Development Services, Day Habilitation, Employment Services – Job Development, and Employment Services – Ongoing Job Supports.</i></li><li>- <i>Facility-based services are limited to Monday – Friday.</i></li></ul>		Personal Supports, Respite Care Services, Shared Living, Supported Living, or Transportation services.
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SUPPORT SERVICES					
Service Name	Unit	Service Descriptions	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
Assistive Technology and Services	(Items)	<p><b>Assistive Technology (AT)</b> – An AT item, computer application, piece of equipment or product system that may be acquired commercially, modified, or customized.</p> <p><b>Assistive technology Services (ATS)</b> – assistance in the selection, acquisition, use or maintenance of an AT device</p> <p><b>Included in AT:</b></p> <ul style="list-style-type: none"> <li>- Speech and communication devices also known as augmentative and alternative communication devices (AAC) such as speech generating devices, text-to-speech devices and voice amplification devices;</li> <li>- Blind and low vision devices such as video magnifiers, devices with optical character recognizer (OCR) and Braille note takers;</li> <li>- Deaf and hard of hearing devices such as alerting devices, alarms, and assistive listening devices;</li> <li>- Devices for computers and telephone use such as alternative mice and keyboards or hands-free phones;</li> </ul>	<p><i>Service Authorization requirements for Assistive Technology and Services include the following:</i></p> <p><u>AT &lt; \$1,000</u></p> <ul style="list-style-type: none"> <li>- Does not require a formal assessment.</li> <li>- Documentation that the AT is to maintain, improve the person’s functional abilities, enhance interactions, support meaningful relationships, promote independent living or participate in the community;</li> <li>- Documentation verifying the item(s) isn’t covered under the Medicaid state plan such as a Durable Medical Equipment (DME), a stand-alone waiver service such as a vehicle or home modification, or available through another funding source such as Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), Maryland State Department of Education, and Maryland Department of Human Services; AND</li> <li>- The AT is not experimental or prohibited by State or Federal Authority.</li> </ul>	<p><i>Required documentation for Assistive Technology and Services includes the following:</i></p> <p><b>All provider types</b></p> <ul style="list-style-type: none"> <li>- AT Assessment: Assessment signed and dated by the professional completing the assessment and an invoice that lists the person’s name, date and signature.</li> <li>- Other ATS: Invoice that includes an itemized list of AT services, the person’s name, date and signature of person or authorized representative acknowledging receipt.</li> <li>- AT: Invoice that includes an itemized list of AT, the person’s name, date and signature acknowledging receipt.</li> </ul> <p><b>OHCDs</b></p> <ul style="list-style-type: none"> <li>- Documentation that the vendor meets all applicable provider qualifications and standards; AND</li> <li>- Signed, dated OHCDs / Qualified Provider Agreement</li> </ul>	

		<ul style="list-style-type: none"> <li>- Environmental control devices such as voice activated lights, lights, fans, and door openers;</li> <li>- Aides for daily living such as weighted utensils, adapted writing implements, dressing aids;</li> <li>- Cognitive support devices and items such as task analysis applications or reminder systems;</li> <li>- Remote support devices such as assistive technology health monitoring such as blood pressure bands and oximeter and personal emergency response systems; AND</li> <li>- Adapted toys and specialized equipment such as specialized car seats and adapted bikes.</li> </ul> <p><b>Included in ATS:</b></p> <ul style="list-style-type: none"> <li>- Assistive Technology needs assessment;</li> <li>- Programs, materials, and assistance in the development of adaptive materials;</li> <li>- Training or technical assistance for the individual and their support network including family members;</li> <li>- Repair and maintenance of devices and equipment;</li> </ul>	<p><u><b>AT &gt; \$1,000</b></u></p> <ul style="list-style-type: none"> <li>- <i>Documentation that the AT is to maintain, improve the person's functional abilities, enhance interactions, support meaningful relationships, promote independent living or participate in the community;</i></li> <li>- <i>Documentation verifying the item(s) isn't covered under the Medicaid state plan such as a Durable Medical Equipment (DME), a stand-alone waiver service such as a vehicle or home modification, or available through another funding source such as Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), Maryland State Department of Education, and Maryland Department of Human Services;</i></li> <li>- <i>The AT is not experimental or prohibited by State or Federal Authority; AND</i></li> <li>- <i>An independent AT assessment that lists all AT that would be most effective to meet the person's needs; AND</i> <ul style="list-style-type: none"> <li>o <i>Lowest cost option is selected; OR</i></li> <li>o <i>An explanation of why the chosen option is cost effective.</i></li> </ul> </li> </ul>	<p><i>that meets the specifications of DDA policy.</i></p>	
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		<ul style="list-style-type: none"> <li>- Programming and configuration of devices and equipment;</li> <li>- Coordination and use of assistive technology devices and equipment with other necessary therapies,</li> <li>- interventions, or services in the Person-Centered Plan; AND</li> <li>- Services consisting of purchasing or leasing devices.</li> </ul>	<p><i>Payment rates for ATS must be customary and reasonable as established by DDA.</i></p> <p><b><i>The below costs are not included in the rate for Assistive Technology and Services:</i></b></p> <ul style="list-style-type: none"> <li>- <i>Wheelchairs, architectural modifications, adaptive driving, vehicle modifications, and devices requiring a prescription by physicians or medical providers when these items are covered either through the Medicaid State Plan as Durable Medical Equipment (DME), a stand-alone waiver service (i.e. environmental modification and vehicle modifications), or through DORS;</i></li> <li>- <i>Services, equipment, items or devices that are experimental or not authorized by the State or Federal authority; OR</i></li> <li>- <i>Smartphones and associated monthly service line or data costs.</i></li> </ul>		
<b>Behavioral Support Services</b>	See individual services below	<i>Behavioral Support Services are an array of services to assist people who are, or may experience difficulty as a result of behavioral, social, or emotional issues. These services seek to understand a person's challenging behavior and its function to develop a Behavior Plan with the primary aim of</i>	<p><i>See individual services below</i></p> <p><i>Note: People receiving Community Living Enhanced Supports cannot be authorized standalone Behavioral Support Services as these services are included in the residential service.</i></p>	<i>See individual services below</i>	<i>Behavioral Supports Services are not available at the same time as the direct provision of Community Living-Enhanced Supports or Respite Care services.</i>



		<p><i>enhancing the person's independence and inclusion in their community.</i></p> <p><b>BSS includes:</b></p> <ul style="list-style-type: none"> <li>- <b>2 services reimbursed as a milestone payment:</b> <ul style="list-style-type: none"> <li>o Behavior Assessment (BA); AND</li> <li>o Behavior Plan (BP). and</li> </ul> </li> <li>- <b>2 fee-for-service services:</b> <ul style="list-style-type: none"> <li>o Behavioral Consultation; AND</li> <li>o Brief Support Implementation Services.</li> </ul> </li> </ul>			
<b>Behavioral Assessment (BA)</b>	<i>(Milestone)</i>	<p>Services identify the person's challenging behaviors by collecting and reviewing relevant data, discussing the information with the person's support team, and, if needed, developing a Behavior Plan (BP) that best addresses the function of the behavior.</p>	<p><b><i>Service Authorization requirements for Behavioral Assessment (BA) include the following:</i></b></p> <ul style="list-style-type: none"> <li>- <i>Person has a documented history of behaviors resulting in difficulty in the home or community (ex. past BP or functional BA from school); OR</i></li> <li>- <i>A person who has had an event that is impacting their well-being (ex. Death in the family, severe physical trauma, new emerging behaviors of unknown etiology, etc.)</i></li> </ul> <p><b><i>Additional requirements:</i></b></p> <ul style="list-style-type: none"> <li>- <i>For children under the age of 21, there must be documentation that these services are above and beyond what is available through EPSDT and are aimed at improving and maintaining the ability of the</i></li> </ul>	<p><b><i>To qualify for the BA milestone payment, the following must be documented, in the formal written BA:</i></b></p> <ul style="list-style-type: none"> <li>- <i>Onsite observations in multiple settings and the implementation of existing programs;</i></li> <li>- <i>Environmental assessment of all primary environments;</i></li> <li>- <i>Medical assessment including a review of medication prescribed to modify challenging behaviors and potential side effect of each medication;</i></li> <li>- <i>Collection and review of relevant data;</i></li> <li>- <i>The person's history, based upon the records and interviews with the person</i></li> </ul>	<p>Behavioral Supports Services are not available at the same time as the direct provision of Community Living-Enhanced Supports or Respite Care services.</p>

			<p><i>child to remain in and engage in community activities; and</i></p> <ul style="list-style-type: none"> <li>- <i>The person has exhausted all appropriate and available services through Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services.</i></li> <li>- <i>People receiving Community Living-Enhanced Supports cannot receive a BA.</i></li> <li>- <i>State funds may be authorized for the service if the person is not eligible for Medicaid and/or other modes of payment are unavailable.</i></li> </ul> <p><b><i>Services limits for Behavioral Assessment are as follows:</i></b></p> <ul style="list-style-type: none"> <li>- <i>Only one BA will be authorized every 12- month period unless the quality of the assessment conducted by the provider did not meet DDA standards.</i></li> <li>-</li> </ul>	<p><i>and people important to/ for the person;</i></p> <ul style="list-style-type: none"> <li>- <i>Record reviews and interviews recording the history of the challenging behaviors and attempts to modify it;</i></li> <li>- <i>Discussion with the person’s PCP team;</i></li> <li>- <i>Description of challenging behaviors in behavioral terms (i.e. topography, frequency, duration, intensity, severity, variability, cyclicity); AND</i></li> <li>- <i>Specific hypotheses for the identified challenging behavior.</i></li> </ul>	
<b>Behavioral Plan (BP)</b>	<i>(Milestone)</i>	The BP is developed that best addresses the function of the behavior, if needed based on DDA requirements.	<p><i>The behavioral plan will be authorized simultaneously with the behavioral assessment. However, the behavioral plan will only be reimbursed IF the assessment indicates a need for a behavioral plan.</i></p>	<p><b><i>Required documentation for the Milestone payment includes the following:</i></b></p> <ul style="list-style-type: none"> <li>- <i>Behavioral Assessment indicating the need for a formalize behavioral plan; AND</i></li> <li>- <i>Recommended positive behavioral supports and</i></li> </ul>	Behavioral Supports Services are not available at the same time as the direct provision of Community Living-Enhanced Supports or Respite Care services.

			<p><b>Additional requirements:</b></p> <ul style="list-style-type: none"> <li>- For children under the age of 21, there must be documentation that these services are above and beyond what is available through EPSDT and are aimed at improving and maintaining the ability of the child to remain in and engage in community activities; and</li> <li>- The person has exhausted all appropriate and available services through Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services.</li> </ul>	<p><i>implementation plan based on DDA requirements.</i></p>	
<b>Behavioral Consultation (BC)</b>	<i>(15 Minute)</i>	<p><b>Services that oversee, monitor, and modify the BP, including:</b></p> <ul style="list-style-type: none"> <li>- Recommendations for subsequent professional evaluation services;</li> <li>- Consultation, after development of the BP;</li> <li>- Working with the person and caregivers to implement the BP;</li> <li>- Ongoing education on recommendations, strategies, and next steps;</li> <li>- Ongoing assessment and documentation of progress;</li> <li>- Development of updates to the BP as required by regulations; AND/OR</li> </ul>	<p><b>Service Authorization requirements for Behavioral Consultation include the following:</b></p> <ul style="list-style-type: none"> <li>- BC hours are based on assessed needs, supporting data, plan implementation, and authorization from DDA;</li> <li>- Generally, the need for BC will be related to staff training, oversight and monitoring of BP implementation, and may be authorized as specified in the BP.</li> <li>- If BC is not specified in the BP, additional documentation is necessary to support the request, including but not limited to documentation that:</li> </ul>	<p><b>Required documentation for BC includes Monitoring Progress Note that includes, at a minimum:</b></p> <ul style="list-style-type: none"> <li>- Assessment of behavioral supports in the environment;</li> <li>- Notes that detail the specific BP interventions that have been implemented and consequent outcomes;</li> <li>- Data, trend analysis and graphs to detail progress on target behaviors identified in a BP;</li> <li>- Recommendations;</li> <li>- Providers should document that tasks associated with the</li> </ul>	<p>Behavioral Supports Services are not available at the same time as the direct provision of Community Living-Enhanced Supports or Respite Care services.</p>

		<ul style="list-style-type: none"> <li>- Monitoring and ongoing assessment of the implementation of the BP.</li> </ul>	<ul style="list-style-type: none"> <li>○ <i>The person is not demonstrating progress; OR</i></li> <li>○ <i>The BP is no longer effective due to a change in needs.</i></li> <li>- <i>People receiving Community Living Enhanced Supports cannot receive Behavioral Consultation</i></li> </ul> <p><i>Note: When authorizing, note that monitoring is an essential part of this service and must occur as dictated by progress against identified goals but at least:</i></p> <ul style="list-style-type: none"> <li>- <i>Monthly for the first 6 months.</i></li> <li>- <i>Quarterly after the first 6 six months.</i></li> </ul> <p><b>Additional requirements:</b></p> <ul style="list-style-type: none"> <li>- <i>For children under the age of 21, there must be documentation that these services are above and beyond what is available through EPSDT and are aimed at improving and maintaining the ability of the child to remain in and engage in community activities; and</i></li> <li>- <i>The person has exhausted all appropriate and available services through Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services.</i></li> </ul> <p><b>Service Limits - 8 hours per day</b></p>	<p><i>behavioral plan were completed (ex. Signature, check box, etc.); AND</i></p> <ul style="list-style-type: none"> <li>- <i>Providers are required to retain staff time sheets or payroll information documenting the provision of the services.</i></li> </ul>	
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<b>Brief Support Implementation Services (BSIS)</b>	<b>(15 Minute)</b>	<p><b>Time-limited services to provide direct assistance and modeling to families, agency staff, and caregivers so they can independently implement the BP including:</b></p> <ul style="list-style-type: none"> <li>- On-site execution and modeling of behavioral support strategies;</li> <li>- Timely written feedback on the effectiveness of the BP; AND/OR</li> <li>- On-site meetings or instructional sessions with the person's support network regarding BP.</li> </ul>	<p><i><b>Service Authorization requirements for Brief Support Implementation Services include the following:</b></i></p> <ul style="list-style-type: none"> <li>- <i>BSIS service hours are based on assessed needs, supporting data, plan implementation, and authorization from the DDA;</i></li> <li>- <i>Person has a formal BP as per DDA requirements; AND</i></li> <li>- <i>There is a documented need for additional onsite execution and modeling of identified behavioral support strategies.</i></li> <li>- <i>Brief Support Implementation Services cannot duplicate other services being provided (e.g. 1:1 supports).</i></li> <li>- <i>People receiving Community Living Enhanced Supports cannot receive Brief Support Implementation Services.</i></li> </ul> <p><i><b>Service limits:</b></i></p> <ul style="list-style-type: none"> <li>- <i>8 hours per day.</i></li> </ul>	<p><i><b>Required documentation for BSIS includes the following:</b></i></p> <ul style="list-style-type: none"> <li>- <i>Staff timesheets or payroll information documenting the staff present during service provision of the service;</i></li> <li>- <i>Notes that detail the specific support implementation services provided; AND</i></li> <li>- <i>Signature/date of provider.</i></li> </ul>	<p>Behavioral Supports Services are not available at the same time as the direct provision of Community Living-Enhanced Supports or Respite Care services.</p>
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<b>Environmental Assessment (EA)</b>	<i>(Milestone)</i>	<p>Environmental Assessment is an on-site evaluation with the person at his or her primary residence to determine if environmental modifications or assistive technology may be necessary in the participant's home.</p> <p><b>The assessment includes:</b></p> <ul style="list-style-type: none"> <li>- An evaluation of the person;</li> <li>- Environmental factors in the person's home;</li> <li>- The person's ability to perform activities of daily living;</li> <li>- The person's strength, range of motion, and endurance;</li> <li>- The person's need for assistive technology and or modifications; and</li> <li>- The person's support network, including family members' capacity to support independence.</li> </ul>	<p><b><i>Service Authorization requirements for Environmental Assessment include the following:</i></b></p> <ul style="list-style-type: none"> <li>- <i>For people in residential models including Community Living— Enhanced Supports and Community Living-Group Home services when they have NEW accessibility needs (e.g. grab bars, ramp, stair glide, etc.) and the service is necessary to support health, safety, access to the home, and independence;</i></li> <li>- <i>May not be completed prior to waiver eligibility (exception: person is transitioning from an institution); AND</i></li> <li>- <i>Documentation verifying the item(s) isn't covered under the Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services.</i></li> </ul> <p><b><i>Service limits for Environmental Assessments are as follows:</i></b></p> <ul style="list-style-type: none"> <li>- <i>Person may only receive one (1) EA annually.</i></li> </ul>	<p><b><i>Required documentation for Environmental Assessment includes the following:</i></b></p> <p><b><i>All provider types</i></b></p> <p><i>Typed assessment that includes:</i></p> <ul style="list-style-type: none"> <li>- <i>A description of the EA process conducted on-site with the person in his/her primary residence;</i></li> <li>- <i>Findings;</i></li> <li>- <i>Recommendations for EM and/or AT; AND</i></li> <li>- <i>Signature/date of provider.</i></li> </ul> <p><b><i>OHCDs</i></b></p> <ul style="list-style-type: none"> <li>- <i>Documentation that the vendor meets all applicable provider qualifications and standards; AND</i></li> <li>- <i>Signed, dated OHCDs / Qualified Provider Agreement that meets the specifications of DDA policy.</i></li> </ul>	
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<p><b>Environmental Modifications</b></p>	<p><i>(Item)</i></p>	<p>Environmental Modifications (EM) are physical modifications to a person’s home designed to promote independent or create a safer healthier environment for the person.</p> <p><b>Includes:</b> Grab bars, ramps, railings, warnings on walking surfaces, alert devices, adaptations to electrical, phone and lighting systems, widening of doorways and halls, door openers, installation of lifts and stair glides, bathroom and kitchen modifications for accessibility, alarms or locks, protective coverings, Plexiglas, raised/lowered electrical switches and sockets, safety screen doors, training on use of modification and service and maintenance of modifications.</p>	<p><b><i>Service Authorization requirements for Environmental Modifications include the following:</i></b></p> <ul style="list-style-type: none"> <li>- <i>For people in residential models including Community Living— Enhanced Supports and Community Living-Group Home services when they have NEW accessibility needs (e.g. grab bars, ramp, stair glide, etc.) and the service is necessary to support health, safety, access to the home, and independence;</i></li> <li>- <i>Documentation verifying the item(s) isn’t covered under the Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services;</i></li> <li>- <i>Pre-approval from property manager or home owner that the person will be allowed to remain in the residence for at least one year; AND</i></li> <li>- <i>Any restrictive modifications are approved in the person’s approved BP.</i></li> </ul> <p><b><i>&gt;\$2,000</i></b></p> <ul style="list-style-type: none"> <li>- <i>EA assessment that recommends EM; AND</i></li> <li>- <i>Unless otherwise approved by DDA, three (3) bids must be provided with the lowest bid selected.</i></li> </ul>	<p><b><i>Required documentation for Environmental Modifications includes the following:</i></b></p> <p><b><i>All provider types</i></b></p> <ul style="list-style-type: none"> <li>- <i>Receipts for materials purchase and labor costs provided in an invoice; AND</i></li> <li>- <i>EM that require a building permit require a complete inspection.</i></li> <li>- <i>Signature by the provider and the person, or his or her authorized representative that the EM has been completed and is effective to meet the person’s needs.</i></li> </ul> <p><b><i>OHCDs</i></b></p> <ul style="list-style-type: none"> <li>- <i>Documentation that the vendor meets all applicable provider qualifications and standards; AND</i></li> <li>- <i>Signed, dated OHCDs / Qualified Provider Agreement that meets the specifications of DDA policy.</i></li> </ul> <p><b><i>Note: If provided to a person transitioning from an institution – service is billed as a Medicaid administrative cost.</i></b></p>	
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			<p><b><i>The below costs are not included in the rate for Environmental Modifications:</i></b></p> <ul style="list-style-type: none"> <li>- Home improvements such as carpeting, roof repair, decks, air conditioning that are of general utility, not of direct medical or remedial benefit to the person.</li> <li>- EM that add to the home's total square footage unless the construction is directly related to the person's accessibility needs.</li> <li>- EM provided by a family member or relative.</li> <li>- Purchase of a generator for use other than to support medical health devices used by the person that require electricity.</li> </ul> <p><b><i>Service limits for Environmental Modifications are as follows:</i></b></p> <ul style="list-style-type: none"> <li>- Costs of services must be customary, reasonable, and may not exceed a total of \$15,000 every three years.</li> <li>- Elevators are excluded from coverage</li> </ul>		
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<p><b>Family Caregiver Training &amp; Empowerment</b></p>	<p><i>(Item)</i></p>	<p><b>Family Caregiver Training &amp; Empowerment includes:</b></p> <ul style="list-style-type: none"> <li>- Educational materials, training programs, workshops and conferences that help the <b>family caregiver</b> to: <ul style="list-style-type: none"> <li>o Understand the disability of the person supported;</li> <li>o Achieve greater competence and confidence in providing supports;</li> <li>o Develop and access community and other resources and supports;</li> <li>o Develop or enhance key parenting strategies;</li> <li>o Develop advocacy skills; and</li> <li>o Support the person in developing self-advocacy skills</li> </ul> </li> </ul>	<p><i>Service Authorization requirements for Family Caregiver Training &amp; Empowerment include the following:</i></p> <ul style="list-style-type: none"> <li>- <i>Service must be provided to an unpaid family member who is providing support, training, companionship or supervision of the person; AND</i></li> <li>- <i>Documentation verifying the services aren't covered under the Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services.</i></li> </ul> <p><i>Service Limits for Family Caregiver Training &amp; Empowerment are as follows:</i></p> <ul style="list-style-type: none"> <li>- <i>Training is limited to 10 hours per year per person</i></li> <li>- <i>Educational materials and training programs, workshops and conference registration costs are limited to \$500 per person per year.</i></li> </ul> <p><i>The below costs are not included in the rate for Family Caregiver Training &amp; Empowerment:</i></p> <ul style="list-style-type: none"> <li>- <i>Cost of travel, meals, or overnight lodging.</i></li> </ul>	<p><i>Required documentation for Family Caregiver Training and Empowerment includes the following:</i></p> <ul style="list-style-type: none"> <li>- <i>A copy of the training or conference agenda, invoice detailing the costs of the training, conference or materials, and a signed and dated acknowledgement of the caregiver of attendance or receipt of materials.</i></li> </ul> <p><i>*Note: OHCDs is not a qualified provider.</i></p>	
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<b>Family and Peer Mentoring Supports</b>	(Hour)	<p>Peer and family mentors explain community services, programs, and strategies they have used to achieve persons' goals. Shared experiences provide support and guidance to the person and/or family members to navigate a broad range of community resources beyond those offered through the waiver with other waiver persons and their families. Limited in nature, service is aimed at providing support and advice based on lived experience of a family member or self-advocate.</p> <ul style="list-style-type: none"> <li>- Family and Peer Mentoring Supports include supports to siblings from others with shared experiences.</li> </ul>	<p><b>Service Authorization requirements for Family and Peer Mentoring Supports include the following:</b></p> <ul style="list-style-type: none"> <li>- Service need is identified in the person's PCP; AND</li> <li>- Documentation verifying service isn't covered under the Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services.</li> </ul> <p><b>Service limits for Family and Peer Mentoring Supports are as follows:</b></p> <ul style="list-style-type: none"> <li>- Service is limited to 8 hours per day.</li> </ul>	<p><b>Required documentation for Family and Peer Mentoring Supports includes the following:</b></p> <ul style="list-style-type: none"> <li>- Provider time sheets or payroll records documenting the start/end time of staff/mentor providing services; AND</li> <li>- For each block of consecutive units of service, document how the service performed relates to the PCP service authorization, i.e. service note.</li> </ul> <p><b>*Note:</b> OHCDs is not a qualified provider.</p>	
<b>Housing Support Services</b>	(Hour)	<p><b>Housing Support Services (HSS) include:</b></p> <ul style="list-style-type: none"> <li>- Housing Information and Assistance to obtain and retain independent housing;</li> <li>- Housing Transition Services to assess housing needs and develop individualized housing support plan; and</li> <li>- Housing Tenancy Sustaining Services which assist the individual to maintain living in their rented or leased home.</li> </ul>	<p><b>Service Authorization requirements for Housing Support Services include the following:</b></p> <ul style="list-style-type: none"> <li>- Person is 18 years or older;</li> <li>- Service need is identified in the person's PCP;</li> <li>- Documentation verifying service isn't covered under the Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services; AND</li> </ul>	<p><b>Required documentation for Housing Support Services includes the following:</b></p> <ul style="list-style-type: none"> <li>- Provider timesheets for payroll records documenting the start/end time of staff providing service; AND</li> <li>- For each block of consecutive units of service, document how the service performed relates to the PCP service authorization, i.e. service</li> </ul>	

			<ul style="list-style-type: none"> <li>- Supports must be consistent with programs available through HUD and MD Housing.</li> </ul> <p><b>Service limits for Housing Support Services are as follows:</b></p> <ul style="list-style-type: none"> <li>- Service limits are 8 hours per day/ 175 hours annually.</li> </ul>	<p>note, housing support plan, etc.</p> <p><b>*Note:</b> OHCDS is not a qualified provider.</p>	
<b>Individual and Family-Directed Goods and Services (IFDGS)</b>	(Item)	<p>Individual and Family-Directed Goods and Services are services, equipment, or supplies not otherwise provided through the waiver or through the Medicaid State Plan and meet the service requirements.</p> <p>IFDGS includes dedicated funding up to \$500 that persons may choose to use to support staff recruitment and advertisement efforts such as developing and printing flyers and using staffing registries</p> <p>Purchase of equipment or supplies for self-directing individuals that relate to a need or goal identified in the PCP, maintain or increase independence, promote opportunities for community living and inclusion, and are not available under a waiver service, Medicaid state plan, or another source.</p>	<p><b>Service Authorization requirements for Individual and Family-Directed Goods and Services include the following:</b></p> <ul style="list-style-type: none"> <li>- <u>Person is self-directing services;</u></li> <li>- Person has cost savings within their self-directed budget with the exception of the dedicated \$500 to support people to recruit staff;</li> <li>- Service need is identified in the person's PCP;</li> <li>- <b>Service item:</b> <ol style="list-style-type: none"> <li>1. Is related to a need or goal identified in the Person-Centered Plan;</li> <li>2. Maintain or increase independence;</li> <li>3. Promote opportunities for community living and inclusion; AND</li> <li>4. Are not available under a waiver service or State Plan services.</li> </ol> </li> </ul>	<p><b>Required documentation for Individual and Family-Directed Goods and Services includes the following:</b></p> <p><b>FMS documentation for IFDGS includes the following:</b></p> <ul style="list-style-type: none"> <li>- Documentation that the vendor meets all applicable provider qualifications and standards;</li> <li>- Written assessment, behavioral or housing support plan, etc. as per required by specific service; and</li> <li>- Receipts for purchased items.</li> </ul> <p><b>Note:</b> Transition services provided to an individual leaving an institution up to 180 days prior</p>	<p>Individual and Family Directed Goods and Services are not available to participants at the same time the participant is receiving support services in Career Exploration, Community Living-Enhanced Supports, Community Living-Group Home, Day Habilitation, Medical Day Care, or Shared Living services.</p>

		<p>Include:</p> <ul style="list-style-type: none"> <li>- Up to \$500 for staff recruitment;</li> <li>- Dental services recommended by a licensed dentist and not covered by health insurance, Fitness memberships and items, weight loss program services other than food;</li> <li>- Nutritional consultation and supplements recommended by a professional licensed in the relevant field; AND</li> <li>- Certain other goods and services that meet the service requirements noted above.</li> </ul> <p><b>Not Included:</b></p> <ul style="list-style-type: none"> <li>- Items that have no benefit to the person;</li> <li>- Utility charges;</li> <li>- Co-payment for medical services, over the counter medications, or homeopathic services;</li> <li>- Items used solely for entertainment or recreational purposes (e.g. televisions, video recorders, game stations, DVD player, and monthly cable fees);</li> <li>- Experimental or prohibited goods and treatments;</li> <li>- Monthly telephone fees;</li> <li>- Room &amp; board, including deposits, rent, and mortgage expenses and payments;</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Service item:</b> <ol style="list-style-type: none"> <li>1. <i>Decrease the need for Medicaid services,</i></li> <li>2. <i>Increase community integration,</i></li> <li>3. <i>Increase the participant's safety in the home, or</i></li> <li>4. <i>Support the family in the continued provision of care to the participant.</i></li> </ol> </li> </ul> <p><b>Service limits for Individual and Family-Directed Goods and Services are as follows:</b></p> <ul style="list-style-type: none"> <li>- <i>Up to \$5,500 per year from the total self-directed budget of which \$500 is dedicated to support people to recruit staff.</i></li> </ul>	<p><i>to moving is billed as a Medicaid administrative cost.</i></p>	
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		<ul style="list-style-type: none"> <li>- Food;</li> <li>- Fees associated with telecommunications;</li> <li>- Tobacco products, alcohol, marijuana, or illegal drugs;</li> <li>- Vacation expenses;</li> <li>- Insurance; vehicle maintenance or any other transportation-related expenses;</li> <li>- Tickets and related costs to attend recreational events;</li> <li>- Personal trainers; spa treatments;</li> <li>- Goods or services with costs that significantly exceed community norms for the same or similar good or service;</li> <li>- Tuition including post-secondary credit and non-credit courses; educational services otherwise available through a program funded under the Individuals with Disabilities Education Action (IDEA), including private tuition, Applied Behavioral Analysis (ABA) in schools, school supplies, tutors, and home schooling activities and supplies;</li> <li>- Staff bonuses and housing subsidies;</li> <li>- Subscriptions;</li> <li>- Training provided to paid caregivers;</li> <li>- Services in hospitals;</li> </ul>			
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		<ul style="list-style-type: none"> <li>- Costs of travel, meals, and overnight lodging for staff, families and natural support network members to attend a training event or conference;</li> <li>- Service animals and associated fees;</li> <li>- Additional units or costs beyond the maximum allowable for Medicaid or waiver services; OR</li> <li>- Therapeutic interventions to maintain or improve function including art, music, dance, and therapeutic swimming or horseback riding.</li> </ul>			
<b>Live-In Caregiver Supports</b>  <i>(Available under CP Waiver only)</i>	(Month)	<b>Live-In Caregiver Supports includes:</b>  Rent and food costs of a live-in caregiver that is providing supports and services in the person's own home.	<i>Service Authorization requirements for Live-In Caregiver Supports include the following:</i> <ul style="list-style-type: none"> <li>- <i>The person is not receiving Community Living-Group Home or Enhanced Supports, Supported Living or Shared Living Services;</i></li> <li>- <i>Verification that the person has a valid rental agreement or home ownership and are not living in the home of family, the caregiver or a home that is owned or leased by a DDA licensed provider; AND</i></li> <li>- <i>Written agreements including detailed service expectations, arrangement termination procedures, resources for unfulfilled</i></li> </ul>	<i>Required documentation for Live-In Caregiver Supports includes the following:</i>  <i>OHCDs (only qualified provider)</i> <ul style="list-style-type: none"> <li>- <i>Invoice signed by the person or their guardian, including dates service was provided, the signature of the live-in caregiver, and statement that the services were successfully executed;</i></li> <li>- <i>Documentation that the vendor meets all applicable provider qualifications and standards; AND</i></li> <li>- <i>Signed, dated OHCDs / Qualified Provider Agreement</i></li> </ul>	Live-In Caregiver Rent is not available to participants receiving support services in residential models, including Community Living-Enhanced Supports, Community Living-Group Home, Shared Living and Supported Living services.

			<p><i>obligations, and monetary considerations signed by the person and the caregiver.</i></p> <ul style="list-style-type: none"> <li>- <i>If the person is receiving Section 8 rental assistance, documentation of the rental agreement and the section 8 status if the dwelling must be provided.</i></li> <li>- <i>The monthly amount authorized is based on the HUD/fair market housing for rental costs.</i></li> <li>- <i>Within a single-family dwelling unit, the difference in rental costs between a 1-bedroom and 2-bedroom (or 2-bedroom and 3-bedroom, etc.) unit based on the Fair Market Rent (FMR) for the jurisdiction as determined by HUD.</i></li> <li>- <i>The monthly amount authorized for food is the USDA Monthly Food Plan Cost at the 2-person moderate plan level. See: <a href="https://www.fns.usda.gov/cnpp/usda-food-plans-cost-food-reports">https://www.fns.usda.gov/cnpp/usda-food-plans-cost-food-reports</a>.</i></li> </ul>	<p><i>that meets the specifications of DDA policy.</i></p>	
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<p><b>Nurse Consultation</b></p>	<p>15 minute</p>	<p>Reviews information about self-directing the person's health; provides recommendations to the person on how to have these needs met in the community; and in collaboration with the person (who is the employer of record), recommends care protocols for the person to use when the person trains their staff.</p> <p><b>Service is provided to people who are self-directing services (SDS), to:</b></p> <ul style="list-style-type: none"> <li>- Verify the accuracy of the HRST;</li> <li>- Conduct a comprehensive nursing assessment;</li> <li>- Identify health care issues; AND</li> <li>- Collaborate with the person/caregivers in protocol development.</li> </ul> <p><b>Note: Service does NOT include delegation of medication administration or treatment.</b></p>	<p><b><i>Service Authorization requirements for Nursing Consultation include the following:</i></b></p> <ul style="list-style-type: none"> <li>- <i>The person is enrolled in SDS;</i></li> <li>- <i>Over 21 years of age (under 22 – should be referred to EPSDT);</i></li> <li>- <i>Living in his/her own home or family home; AND</i> <ul style="list-style-type: none"> <li>o <i>Able to self-medicate;</i></li> <li>o <i>Requires no medications or treatments; OR</i></li> <li>o <i>Receiving supports from gratuitous (unpaid) caregivers and has no paid caregivers.</i></li> </ul> </li> </ul> <p><b><i>Nurse Consultation Services cannot be provided:</i></b></p> <ul style="list-style-type: none"> <li>- <i>In a DDA-licensed residential or day site.</i></li> <li>- <i>If the person is in a placement where nursing services are provided as part of the services, including a hospital, nursing or rehabilitation facility.</i></li> <li>- <i>If Rare and Expensive Case Management (REM) is providing staff for the provision of nursing and health services.</i></li> </ul> <p><b><i>Service limits for Nursing Consultation are as follows:</i></b>  <i>Requested hours will be authorized up to a limit of 4 hours per quarter; OR 64 15-minute units per year.</i></p>	<p><b><i>Required documentation for Nursing Consultation includes the following:</i></b></p> <ul style="list-style-type: none"> <li>- <i>A comprehensive assessment;</i></li> <li>- <i>HRST that details training and service recommendations reviewed/updated initially, at every quarterly consultation, and PRN;</i></li> <li>- <i>Documentation of the person's ability to self-medicate reviewed/updated at initial consultation and at least annually thereafter and PRN; AND</i></li> <li>- <i>Health protocol recommendations reviewed/updated initially and PRN.</i></li> </ul> <p><b><i>Required as applicable to the need for and provision of services:</i></b></p> <ul style="list-style-type: none"> <li>- <i>Documentation within the person's file of recommendations for utilizing community resources.</i></li> </ul> <p><i>Each continuous block of units must include the date of services and name and signature of the RN providing services.</i></p>	<p>Nurse Consultation services are not available to participants receiving supports in other Nursing services, including Nurse Health Case Management and Nurse Case Management and Delegation Services.</p> <p>Nurse Consultation services are not available at the same time as the direct provision of Career Exploration, Community Living-Enhanced Supports, Community Living-Group Homes, Day Habilitation, Employment Discovery and Customization, Employment Services, Medical Day Care, Personal Supports, Respite Care Services, Supported Employment, or Transportation services.</p>
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<p><b>Nurse Health Case Management</b></p>	<p>(15 minute)</p>	<p>Provides a licensed Registered Nurse (RN), when direct support staff are employed by a DDA provider agency to perform health services other than medication and treatment administration.</p> <p><b>The RN:</b></p> <ul style="list-style-type: none"> <li>- Reviews the person's health services and supports as part of a collaborative process;</li> <li>- Assesses, plans, implements, coordinates, monitors, and evaluates options and services to meet the person's health needs; AND</li> <li>- Uses available resources to promote quality person health outcomes and cost-effective care.</li> </ul> <p>Service includes:</p> <ul style="list-style-type: none"> <li>- Review/Update HRST;</li> <li>- Complete a comprehensive nursing assessment;</li> <li>- Determine if person can self-medicate;</li> <li>- Determine if tasks can be delegated;</li> <li>- Provide recommendations to access health services and supports;</li> <li>- Ensure the person, the PCP team and providers have health information and</li> </ul>	<p><b>Service Authorization requirements for Nursing Health Case Management include the following:</b></p> <ul style="list-style-type: none"> <li>- A person may qualify for this service if he or she is: (1) receiving services via the Traditional Services delivery model at a DDA-licensed community provider site, including residential, day, or employment type services; or (2) receiving Personal Support services from a DDA-licensed or DDA-certified community provider.</li> <li>- A person may qualify for this service if he or she is: (1) able to perform self-medication and treatments as determined by the Nurse Health Case Manager; or (2) medications and treatments are provided for using the exemption from delegation from the MBON related to the gratuitous provision of care; and (3) direct support professional staff performing health services are employed by a DDA- licensed community provider.</li> </ul> <p>Prior to initiation of the service, the Nurse Health Case Manager is required to determine that the person is able to perform self-medication and treatments. If unable to perform self-medication and treatments, the Nurse</p>	<p><b>Required documentation for Nursing Health Case Management includes the following:</b></p> <ul style="list-style-type: none"> <li>- A comprehensive assessment;</li> <li>- HRST that details training and service recommendations reviewed/updated initially, at every quarterly consultation, and PRN;</li> <li>- Documentation of the person's ability to self-medicate reviewed/updated at initial consultation and at least annually thereafter and PRN;</li> <li>- Comprehensive health care plan developed at initial consultation and reviewed/updated every 90 days and PRN;</li> <li>- Documentation of training and staff remediation provided, including training content, people trained, names of supervised staff and tasks they are responsible for supervising;</li> <li>- Documentation of collaboration with the health care providers and the person's clinical team including the name of the health care provider, names</li> </ul>	<p>Nurse Health Case Management services are not available to participants receiving supports in other Nursing services including Nurse Consultation, and Nurse Case Management and Delegation Services.</p> <p>Nurse Health Case Management services are not available at the same time as the direct provision of Employment Discovery and Customization, Medical Day Care, or Transportation services.</p>
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		<p>recommendations related to the provision of health services (annual written report);</p> <ul style="list-style-type: none"> <li>- Develop health care plans and train, supervise, evaluate and remediate protocols for the provision of supports for <ul style="list-style-type: none"> <li>o Activities of Daily Living (ADL);</li> <li>o Emergency interventions; AND/OR</li> <li>o Other health monitoring;</li> </ul> </li> <li>- Monitor health services and health data; AND/OR</li> <li>- Telephone Triage.</li> </ul> <p>In provision of Nurse Health Case Management Services, the RN will collaborate with the DDA licensed provider agency in the development of policies and procedures required for delegation of any nursing tasks.</p> <p>Note: This service does NOT include delegation of medication administration.</p>	<p><i>Health Case Manager is to: (1)(i) verify that the medications and treatments are provided for by unpaid supports; or (ii) that no medications/treatments are required; and (2) ensure that the direct support professional staff are employed by a DDA-licensed or DDA-certified community-based provider.</i></p> <p><i>This service is <b>not</b> available to a person if the person: (1) cannot perform self-medication and treatments; (2) medications and treatments are provided for by paid direct support staff; or (3) the direct support staff is not employed by a DDA community provider.</i></p> <p><b><i>Nursing Health Case Management standalone support services cannot be provided:</i></b></p> <ul style="list-style-type: none"> <li>- <i>In a DDA-licensed residential or day site.</i></li> <li>- <i>If the person is in a placement where nursing services are provided as part of the services, including a hospital, nursing or rehabilitation facility.</i></li> <li>- <i>If Rare and Expensive Case Management (REM) is providing staff for the provision of nursing and health services.</i></li> </ul> <p><b><i>Service limits for Nursing Health Case Management are as follows:</i></b></p>	<p><i>of team members and a description of the collaboration; AND</i></p> <ul style="list-style-type: none"> <li>- <i>Documentation of review/monitoring of health services and health data.</i></li> </ul> <p><b><i>Required as applicable to the need for and provision of services:</i></b></p> <ul style="list-style-type: none"> <li>- <i>Telephone triage.</i></li> <li>- <i>Documentation within the person's file of recommendations for utilizing community resources.</i></li> <li>- <i>Annual written report to the PCP team.</i></li> </ul> <p><i>Each continuous block of units must include the date of services and name and signature of the RN providing services.</i></p>	
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			- Up to 4 hours per quarter or 64 15-minute units per year.		
<b>Nurse Case Management and Delegation Services</b>	(15 minutes)	<p>Provides health case management AND delegates nursing tasks to unlicensed staff who are certified to administer medication and treatments.</p> <p><b>Service includes:</b></p> <ul style="list-style-type: none"> <li>- Review/Update HRST;</li> <li>- Complete a comprehensive nursing assessment;</li> <li>- Determine if person can self-medicate;</li> <li>- Determine if tasks can be delegated;</li> <li>- Provide recommendations to access health services and supports;</li> <li>- Ensure the person, the PCP team and providers have health information and recommendations related to the provision of health services (annual written report);</li> <li>- Develop health care plans and train, supervise, evaluate and remediate protocols for the provision of supports for <ul style="list-style-type: none"> <li>o Activities of Daily Living (ADL);</li> <li>o Emergency interventions;</li> </ul> AND/OR</li> </ul>	<p><b>Service Authorization requirements for Nursing Health Case Management and Delegation include the following:</b></p> <ul style="list-style-type: none"> <li>- A person may qualify for this service if he or she is either: (1) receiving services via the Traditional Services delivery model at a DDA-licensed community-based provider site, including residential, day, or employment type services; (2) receiving Personal Support services; or (3) enrolled in the Self-Directed Services Program.</li> </ul> <p><b>Additionally:</b></p> <ol style="list-style-type: none"> <li>1. The person's health conditions must be determined by the RN CM/DN to meet applicable delegation criteria (i.e. be chronic, stable, routine, predictable and uncomplicated) and nursing tasks are assessed to be eligible for delegation as per the Maryland Board of Nursing regulations.</li> <li>2. The person must require delegation as assessed by the RN as being unable to perform his or her own care.</li> </ol>	<p><b>Required documentation for Nursing Health Case Management and Delegation includes the following:</b></p> <ul style="list-style-type: none"> <li>- A comprehensive assessment;</li> <li>- HRST that details training and service recommendations reviewed/updated initially, at every quarterly consultation, and PRN;</li> <li>- Documentation of the person's ability to self-medicate reviewed/updated at initial consultation and at least annually thereafter and PRN;</li> <li>- Health care plan developed at initial consultation and reviewed/updated every 90 days and PRN;</li> <li>- Documentation of training and staff remediation provided, including training content, people trained, names of supervised staff and tasks they are responsible for supervising;</li> <li>- Documentation of collaboration with the health care providers and the</li> </ul>	<p>Nurse Case Management and Delegations Services are not available to participants receiving supports in other Nursing services including Nurse Consultation, and Nurse Health Case Management.</p> <p>Nurse Case Management and Delegation services are not available at the same time as the direct provision of Employment Discovery and Customization, Medical Day Care, or Transportation services.</p>



		<ul style="list-style-type: none"><li>○ Other health monitoring;</li><li>- Monitor health services and health data;</li><li>- Telephone triage; AND</li><li>- Delegation of nursing tasks;<ul style="list-style-type: none"><li>○ Assessment</li><li>○ Delegation</li><li>○ Training, supervision and remediation of unlicensed staff; AND</li></ul></li><li>- Provision of on call services to staff administering medication.</li></ul>	<p>3. <i>The RN CM/DN has determined that all tasks and skills required to be performed or assisted with are delegable and the interval of the RN CM/DN's assessment, training, and supervision allow for the safe delivery of delegated nursing services in accordance with Maryland Board of Nursing regulations.</i></p> <p><i>The person is over 21 years of age (under 22 – should be referred to EPSDT).</i></p> <p><b><i>Nursing Health Case Management &amp; Delegation cannot be provided:</i></b></p> <ul style="list-style-type: none"><li>- <i>If the person is in a placement where nursing services are provided as part of the services, including a hospital, nursing or rehabilitation facility.</i></li><li>- <i>If Rare and Expensive Case Management (REM) is providing staff for the provision of nursing and health services.</i></li></ul>	<p><i>person's clinical team including the name of the health care provider, names of team members and a description of the collaboration;</i></p> <ul style="list-style-type: none"><li>- <i>Documentation of review/monitoring of health services and health data; AND</i></li><li>- <i>Medication Administration Record (MAR).</i></li></ul> <p><b><i>Required as applicable to the need for and provision of services:</i></b></p> <ul style="list-style-type: none"><li>- <i>Telephone triage.</i></li><li>- <i>Documentation within the person's file of recommendations for utilizing community resources.</i></li><li>- <i>Annual written report to the PCP team.</i></li></ul> <p><i>Each continuous block of units must include the date of services and name and signature of the RN providing services.</i></p>	
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			<p><b><i>Service Authorization requirements for Nurse Case Management and Delegation Services standalone support:</i></b></p> <ul style="list-style-type: none"> <li>- <i>In the event that additional Nurse Case Management and Delegation training supports are needed as indicated in the HRST because of a change in the person's health status or after discharge from a hospital or skilled nursing facility, the request is reviewed by DDA's Regional Office and additional standalone Nurse Case Management and Delegation Service support service hours can be authorized.</i></li> </ul> <p><b><i>Service limits for Nursing Health Case Management and Delegation are as follows:</i></b></p> <ul style="list-style-type: none"> <li>- <i>Assessment is minimally every 45 days but may be more frequent based on the MBON 10.27.11 regulation and the prudent nursing judgment of the delegating RN in meeting conditions for delegation.</i></li> </ul>		
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<b>Participant Education, Training, and Advocacy Supports</b>	(Item)	<p>Participant Education, Training, and Advocacy Supports provides training programs, workshops and conferences that help the person develop skills</p> <p><b>Covered expenses include:</b></p> <ul style="list-style-type: none"> <li>- Education/Training enrollment fees;</li> <li>- Books and educational materials; AND</li> <li>- Education related transportation.</li> </ul> <p><b>Not Included:</b></p> <ul style="list-style-type: none"> <li>- Tuition, airfare, cost of meals or overnight lodging</li> </ul>	<p><b>Service Authorization requirements for Participant Education, Training, and Advocacy Supports include the following:</b></p> <ul style="list-style-type: none"> <li>- Service need is identified in the person's PCP; AND</li> <li>- Documentation verifying service isn't covered under the Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services.</li> </ul> <p><b>Service limits for Participant Education, Training, and Advocacy Supports are as follows:</b></p> <ul style="list-style-type: none"> <li>- Service is limited to 10 hours of training per person per year</li> <li>- The amount of training or registration fees is limited to \$500 per person per year.</li> </ul>	<p><b>Required documentation for Participant Education, Training, and Advocacy Supports includes the following:</b></p> <p>A copy of the training or conference agenda, invoice detailing the costs of the training, conference or materials, and a signed and dated acknowledgement of the person of attendance or receipt of materials.</p> <p><b>*Note:</b> OHCDs is not a qualified provider.</p>	Participant Education, Training and Advocacy Supports are not available at the same time as the direct provision of Transportation services.
<b>Personal Supports</b>	(15 minute)	<p><b>Services assist people who live in their own or family homes with acquiring and building the skills necessary to maximize their personal independence. These services include:</b></p> <ul style="list-style-type: none"> <li>- In home skills development;</li> <li>- Community integration and engagement skills development; AND</li> </ul>	<p><b>Service Authorization requirements for Personal Supports include the following:</b></p> <ul style="list-style-type: none"> <li>- The person lives in their own home or their family's home;</li> <li>- The person needs habilitative supports for community engagement (outside of meaningful day services) or home skills development;</li> </ul>	<p><b>Required documentation for Personal Supports includes the following:</b></p> <ul style="list-style-type: none"> <li>- Service note describing activities/supports that align with the PCP; AND</li> <li>- Start and stop time of the services provided will be documented in the EVV system maintained and</li> </ul>	Personal Supports services are not available at the same time as the direct provision of Career Exploration, Community Development Services, Community Living-Enhanced Supports, Community Living-Group Homes, Day Habilitation, Employment Discovery and Customization, Employment



		<p>- Personal care assistance services.</p> <p><b>Personal care assistance services</b> include assistance with activities of daily living and instrumental activities of daily living, which may include meal preparation and cleaning when the person is unable to do it for themselves <b>only when in combination with other allowable Personal Supports activities occurring.</b></p> <p><b>Enhanced Personal Supports rate may be provided, based upon a person's needs when:</b></p> <ul style="list-style-type: none"> <li>- The person has an approved Behavioral Plan; and/or</li> <li>- The participant has a Health Risk Screening Score of 4 or higher.</li> </ul> <p><u>For Personal Supports authorized and billed through PCIS2, transportation costs associated with the provision of legacy personal support rate outside the participant's home will be covered under the stand alone transportation services and billed separately.</u></p> <p><u>For Personal Supports authorized and billed through LTSSMaryland, transportation to and from and</u></p>	<ul style="list-style-type: none"> <li>- <i>The person has exhausted all appropriate and available services through Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services;</i></li> <li>- <i>Family and natural supports have been explored and exhausted; AND</i></li> <li>- <i>This service is the most cost-effective service to meet the person's needs.</i></li> </ul> <p><b>Personal Supports cannot be authorized:</b></p> <ul style="list-style-type: none"> <li>- <i>When PS supplants or duplicates CFC.</i></li> <li>- <i>In lieu of respite or supervision.</i></li> <li>- <i>If personal care comprise the entirety of the service.</i></li> </ul> <p><b>Supporting documentation to demonstrate assessed need for Personal Supports includes the following:</b></p> <ul style="list-style-type: none"> <li>- <i>The number of hours requested must be commensurate with the outcomes, purpose, and services objectives maintained in the person's PCP. The number of hours authorized will be determined based on:</i></li> </ul>	<p><i>provided by the Maryland Department of Health (MDH)/DDA.</i></p> <ul style="list-style-type: none"> <li>- <i>Providers are required to retain staff time sheets or payroll information documenting the provision of the services.</i></li> </ul>	<p>Services, Medical Day Care, Respite Care Services, Supported Employment, Supported Living, or Transportation services.</p>
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		<p><u>within this service is included within the new service rates or self-directed budget when new rates applied.</u></p> <p>Transportation will be provided or arranged by the provider or self-directing participant and funded through the rate system. The provider shall use the mode of transportation which achieves the least costly, and most appropriate, means of transportation for the individual with priority given to the use of public transportation when appropriate.</p>	<ul style="list-style-type: none"> <li>• <i>Information provided in the person's schedule of activities; AND</i></li> <li>• <i>Documented outcomes included in the PCP and the alignment of the supports requested with those outcomes.</i></li> </ul> <p><i>Personal Support Services includes the provision of supplementary care by legally responsible persons necessary to meet the person's exceptional care needs due to the person's disability that are above and beyond the typical, basic care for a legally responsible person would ordinarily perform or be responsible to perform on behalf of a waiver person.</i></p> <ul style="list-style-type: none"> <li>- <i>Assessment of the person's age, exceptional care needs, outcome, and activities is needed.</i></li> </ul> <p><b><i>Service limits for Personal Supports are as follows:</i></b></p> <ul style="list-style-type: none"> <li>- <b><i><u>Personal Support services are limited to 82 hours per week unless otherwise pre- authorized by the DDA.</u></i></b></li> </ul> <p><i>Legal guardians and relatives may not be paid for greater than 40-hours per week for services unless otherwise approved by the DDA.</i></p>		
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<p><b>Remote Support Services (RSS)</b></p>	<p>(Item)</p>	<p>Remote Support Services provide oversight and monitoring within the person's home through an off-site electronic support system in order to reduce or replace the amount of staffing a person needs while ensuring health and welfare.</p> <p><b>Remote Support Services (RSS) includes:</b></p> <ul style="list-style-type: none"> <li>- Electronic support system installation, repair, maintenance, and back-up system;</li> <li>- Training and technical assistance for the person and his/her support network;</li> <li>- Off-site system monitoring staff; AND</li> <li>- Stand-by intervention staff for notifying emergency personnel such as police, fire, and back-up support staff.</li> </ul>	<p><b>Service Authorization requirements for Remote Support Services (RSS) include the following:</b></p> <ul style="list-style-type: none"> <li>- <i>Person is 18+ years old and is not receiving Community Living – Enhanced Supports or Shared Living;</i></li> <li>- <i>Team has conducted a preliminary assessment to consider the person's goals, level of support needs, behavioral challenges, risks and benefits and other residents in the home and is documented in the person's PCP;</i></li> <li>- <i>DDA approved RSS provider policies detailing procedures to ensure the person's health, welfare, independence, and privacy and system security;</i></li> <li>- <i>Informed consent has been obtained from all people living in the home;</i></li> <li>- <i>Unless exempted by DDA, demonstration that RSS cost no more than direct staffing; AND</i></li> <li>- <i>Verification that RSS are done in real time by awake staff at a monitoring base using:</i> <ul style="list-style-type: none"> <li>o <i>Live 2-way communication;</i></li> <li>o <i>Motion sensing;</i></li> <li>o <i>Radio frequency identification;</i></li> <li>o <i>Web-based monitoring systems;</i></li> </ul> <i>AND/OR</i> <ul style="list-style-type: none"> <li>o <i>Other devices approved by DDA</i></li> </ul> </li> </ul>	<p><b>Required documentation for Remote Support Services includes the following:</b></p> <p><b>All provider types</b></p> <ul style="list-style-type: none"> <li>- <i>Invoice that includes an itemized list of RSS, the person's name, date and signature of person or authorized representative acknowledging receipt.</i></li> </ul> <p><b>OHCDs</b></p> <ul style="list-style-type: none"> <li>- <i>Documentation that the vendor meets all applicable provider qualifications and standards; AND</i></li> <li>- <i>Signed, dated OHCDs / Qualified Provider Agreement that meets the specifications of DDA policy.</i></li> </ul>	<p>Remote Support Services are not available to participants receiving support services in Community Living Enhanced Supports or Shared Living services.</p>
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<b>Respite Care</b>	<p><i>(Hour)</i> <i>(Daily)</i> <i>(Item)</i></p>	<p>Respite Care is short-term care intended to provide both the family or other primary caregiver and the person with a break from their daily routines. It is a one to one service.</p> <p><b>Respite can be provided in:</b></p> <ul style="list-style-type: none"> <li>- The person's own home,</li> <li>- The home of a respite care provider,</li> <li>- A licensed residential site,</li> <li>- State certified overnight or youth camps, OR</li> <li>- Other settings and camps as approved by DDA.</li> </ul> <p><b>Not included:</b></p> <ul style="list-style-type: none"> <li>- Fees associated with respite such as membership fees at a recreational facility, community activities or insurance fees.</li> </ul>	<p><i><b>Service Authorization requirements for Respite Care include the following:</b></i></p> <ul style="list-style-type: none"> <li>- <i>Description of support needed;</i></li> <li>- <i>Cannot be used to replace day care while the person's parent or guardian is at work;</i></li> <li>- <i>The person is not receiving Community Living-Group Home or Enhanced Supports, Supported Living or Rare and Expensive Medical Care (REM); AND</i></li> <li>- <i>Documentation verifying service isn't covered under the Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services.</i></li> <li>- <i>Payment rates must be customary and reasonable as established by DDA.</i></li> </ul> <p><i><b>Service limits for Respite Care are as follows:</b></i></p>	<p><i><b>Required documentation for Respite Care includes the following:</b></i></p> <p><i><b>Person's own home</b></i></p> <ul style="list-style-type: none"> <li>- <i>Time Sheet signed/dated by provider</i></li> </ul> <p><i><b>Home of provider or licensed site</b></i></p> <ul style="list-style-type: none"> <li>- <i>Attendance log with person in and out times.</i></li> </ul> <p><i><b>Non-camp settings:</b></i></p> <ul style="list-style-type: none"> <li>- <i>A service note must be included for each continuous span of units that document caregiver relief. The note should be written, signed, and dated by the person providing the respite and by the caretaker.</i></li> </ul>	<p>Respite Care Services are not available to participants receiving support services in Community Living Enhanced Supports, Community Living-Group Home, or Supported Living services.</p> <p>Respite Care Services are not available at the same time as the direct provision of Career Exploration, Community Development Services, Community Living-Enhanced Supports, Community Living-Group Homes, Day Habilitation, Employment Discovery and Customization, Employment Services, Medical Day Care, Personal Supports, Supported Employment, Supported Living, or Transportation services.</p>

		<ul style="list-style-type: none"> <li>- Habilitative supports or activities</li> </ul>	<ul style="list-style-type: none"> <li>- Respite care services hourly and daily total hours may not exceed 720 hours within each plan year unless otherwise authorized by the DDA.</li> <li>- Camp cannot exceed \$7,248 within each plan year.</li> </ul>	<p><b>Camp:</b></p> <ul style="list-style-type: none"> <li>- The provider must document verification that the respite camp was provided (an affirmative verification) and paid.</li> </ul> <p><b>*Note:</b> OHCDs is not a qualified provider.</p>	
<b>Support Broker</b>	(Hour)	<p>Employer related information, coaching, and advice for a participant in support of self-direction to make informed decisions related to day-to-day management of staff providing services and available budget.</p> <p><b>Services include:</b> - Information, coaching, and mentoring</p>	<p><b>Service Authorization requirements for Support Broker include the following:</b></p> <ul style="list-style-type: none"> <li>- Person is self-directing services;</li> <li>- Service need is identified in the person's PCP.</li> </ul> <p><b>Note:</b> Support Broker Services are an <u>optional</u> service for people who self-direct.</p> <p><b>Service limits for Support Broker Services are as follows:</b></p> <ul style="list-style-type: none"> <li>- Initial orientation and assistance up to 15 hours;</li> <li>- Information, coaching, and mentoring up to 4 hours per month unless otherwise authorized by DDA.</li> <li>- Additional assistance, coaching, and mentoring may be authorized based on extraordinary circumstances when there significant changes in the</li> </ul>	<p><b>Required documentation for Support Broker Services includes the following:</b></p> <p><b>FMS requirements include:</b></p> <ul style="list-style-type: none"> <li>- Documentation that the Support Broker meets all applicable provider qualifications and standards;</li> <li>- Timesheet with description of support provided noted</li> </ul>	

			<p><i>participant's health or medical situation.</i></p> <p><i>Note: Service hours must be necessary, documented, and evaluated by the team.</i></p>		
Transition Services	(Item)	<p><b>Transition Services are allowable expenses related to moving from:</b></p> <ol style="list-style-type: none"> <li>1. An institutional setting to a group home or private residence in the community, for which the person or his or her legal representative will be responsible; or</li> <li>2. Community residential provider to a private residence in the community, for which the person or his or her legal representative will be responsible.</li> </ol> <p><b>Included:</b></p> <ul style="list-style-type: none"> <li>- Security deposits that is required to obtain a lease on an apartment or home;</li> <li>- Reasonable cost, as defined by the DDA, of essential household goods;</li> <li>- Fees or deposits associated with set-up of essential utilities - telephone, electricity, heating and water;</li> <li>- Cost of services necessary for the person's health and safety, such as pest removal services and one-</li> </ul>	<p><b>Service Authorization requirements for Transition Services include the following:</b></p> <ul style="list-style-type: none"> <li>- Documentation in the PCP that the person is unable to pay for or obtain assistance from other sources for transition related costs;</li> <li>- Documentation verifying service isn't covered under the Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services;</li> <li>- Log of items requested to be reviewed/authorized by DDA; AND</li> <li>- Transition services are furnished only to the extent that they are reasonable, necessary and based on the person's needs.</li> </ul> <p><b>Service limits for Transition Services are as follows:</b></p> <ul style="list-style-type: none"> <li>- \$5,000 lifetime limit unless authorized by DDA.</li> </ul>	<p><b>Required documentation for Transition Services includes the following:</b></p> <p>Receipts which reconcile with the approved log of items, to include the person's name, date and signature acknowledging receipt of the goods purchased within 60 days of the move.</p> <p><b>OHCDs</b></p> <ul style="list-style-type: none"> <li>- Documentation that the vendor meets all applicable provider qualifications and standards; AND</li> <li>- Signed, dated OHCDs / Qualified Provider Agreement that meets the specifications of DDA policy.</li> </ul> <p><b>Note:</b> Transition services provided to an individual leaving an institution up to 180 days prior to moving is billed as a Medicaid administrative cost.</p>	

		<p>time cleaning prior to moving in; AND/OR</p> <ul style="list-style-type: none"> <li>- Moving expenses.</li> </ul> <p><b>Not included:</b></p> <ul style="list-style-type: none"> <li>- Monthly rent or mortgage, food, telephone fees, regular utility charges, and entertainment costs, such as cable fees;</li> <li>- Items purchased from the person's relatives, legal guardians or other legally responsible person; AND/OR</li> <li>- Payment for room and board.</li> </ul> <p>Note: The person will own all of the items purchased under this service and the items shall transfer with the person to his or her new residence and any subsequent residence. If the participant no longer wants any item purchased under this service, the item shall be returned to the DDA unless otherwise directed.</p>	<ul style="list-style-type: none"> <li>- <i>Transition items and goods must be procured <u>within 60 days after moving.</u></i></li> </ul>		
<b>Transportation Services</b>	(Item)	<p>Transportation services are designed to improve the person's and the family caregiver's ability to independently access community activities within their own community in response to needs identified through the Person-Centered Plan.</p>	<p><b><i>Service Authorization requirements Transportation Services include the following:</i></b></p> <ul style="list-style-type: none"> <li>- <i>Person lives in their own home or their family's home</i></li> <li>- <i>Description of transportation services and frequency to access</i></li> </ul>	<p><b><i>Required documentation for Transportation Services includes the following:</i></b></p> <p><b><i>All Orientation services, accessing mobility and volunteer transportation services, travel training documentation includes:</i></b></p>	<p>Transportation services are not available at the same time as the direct provision of Career Exploration, Community Development Services, Community Living-Enhanced Supports, Community Living-Group Homes, Day Habilitation,</p>

		<p><b>Transportation Services can include:</b></p> <ul style="list-style-type: none"> <li>- Orientation to using other senses or supports for safe movement;</li> <li>- Accessing Mobility and volunteer transportation services;</li> <li>- Travel training;</li> <li>- Transportation services including: public and community transportation, taxi services, and non-traditional transportation providers;</li> <li>- Purchase of prepaid transportation vouchers and cards; AND/OR</li> <li>- Mileage reimbursement for transportation provided by another individual using their own car.</li> </ul> <p><b>Not included:</b></p> <ul style="list-style-type: none"> <li>- Payment to spouses or legally responsible individuals for furnishing transportation services.</li> </ul>	<p><i>community activities within their own community</i></p> <ul style="list-style-type: none"> <li>- <i>Transport within a person's own community and is not transportation related to a medical service; AND</i></li> <li>- <i>Documentation verifying service isn't covered under the Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services.</i></li> </ul> <p><b><i>Service limits for Transportation Services are as follows:</i></b></p> <ul style="list-style-type: none"> <li>- <i>\$7,500 annual limit for people using traditional services.</i></li> </ul> <p><b><i>Note: For people self-directing their services, the transportation budget is based on their need while considering their preferences and funds availability from their authorized Person-Centered Plan and budget.</i></b></p>	<ul style="list-style-type: none"> <li>- <i>Timesheet signed and dated by the provider; AND</i></li> <li>- <i>Service note describing the service provided.</i></li> </ul> <p><b><i>All Prepaid transportation vouchers and cards documentation includes:</i></b></p> <ul style="list-style-type: none"> <li>- <i>Receipt(s) signed/dated by the person acknowledging receipt.</i></li> </ul> <p><b><i>All Mileage reimbursement documentation includes:</i></b></p> <ul style="list-style-type: none"> <li>- <i>Mileage log to include travel date and signature of the provider and the person.</i></li> </ul> <p><b><i>OHCDs also require:</i></b></p> <ul style="list-style-type: none"> <li>- <i>Documentation that the vendor meets all applicable provider qualifications and standards; AND</i></li> <li>- <i>Signed, dated OHCDs / Qualified Provider Agreement that meets the specifications of DDA policy.</i></li> </ul>	<p>Employment Discovery and Customization, Employment Services, Medical Day Care, Personal Supports (beginning July 1, 2020), Respite Care, Shared Living, Supported Employment, or Supported Living services.</p>
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<p><b>Vehicle Modifications (VM)</b></p>	<p><i>(Item)</i></p>	<p>Vehicle Modifications are adaptations or alterations to a vehicle that is the person’s or the person’s family’s primary means of transportation.</p> <p><b>Vehicle Modifications may include:</b></p> <ul style="list-style-type: none"> <li>- Assessment to determine specific needs of the person as a driver or passenger, review modification options, and develop a prescription for required modifications of a vehicle;</li> <li>- Assistance with modifications to be purchased and installed in a vehicle owned by or a new vehicle purchased by the person, or legally responsible parent of a minor or other caretaker as approved by DDA;</li> <li>- Non-warranty vehicle modification repairs; AND</li> <li>- Training on use of the modification.</li> </ul>	<p><b><i>Service Authorization requirements for Vehicle Modifications include the following:</i></b></p> <ul style="list-style-type: none"> <li>- <i>Proof of vehicle registration/ownership to the person or legally responsible parent of a minor or other primary caretaker;</i></li> <li>- <i>Assessment recommending the needed modification (unless Division of Rehabilitation Services (“DORS”) assessment has been completed in the past year);</i></li> <li>- <i>Documentation in the person’s PCP the changes are a necessary component of achieving the PCP outcomes;</i></li> <li>- <i>A prescription for vehicle modification completed by a qualified provider;</i></li> <li>- <i>With new/used vehicle purchase in which the portion of the cost for the modification is request there must be a cost breakdown that specifies the cost of the modification; AND</i></li> <li>- <i>Documentation verifying the vehicle modification isn’t covered under the Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services.</i></li> </ul>	<p><b><i>Required documentation for Vehicle Modifications includes the following:</i></b></p> <p><b><i>All Provider Types:</i></b></p> <ul style="list-style-type: none"> <li>- <i>Vehicle Modifications: Verification that the modified vehicle meets safety standards.</i></li> <li>- <b><i>All VM Services:</i></b> <ul style="list-style-type: none"> <li>- <i>Invoice that includes an itemized list of VM Services, provider’s signature, date and signature of person or authorized representative acknowledging receipt; AND</i></li> <li>- <i>Retain assessment, prescription for vehicle modification, and cost breakdown as applicable.</i></li> </ul> </li> </ul> <p><b><i>OHCDs</i></b></p> <ul style="list-style-type: none"> <li>- <i>Documentation that the vendor meets all applicable provider qualifications and standards; AND</i></li> <li>- <i>Signed, dated OHCDs / Qualified Provider Agreement that meets the specifications of DDA policy.</i></li> </ul>	
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RESIDENTIAL SERVICES					
Service Name	Unit	Service Description	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
Community Living-Group Home Support	(Day)	<p>Community Living-Group Home Support services provide the person with development and maintenance of skills related to activities of daily living, instrumental activities of daily living, and socialization, through application of formal teaching methods in a community residential setting.</p> <p><b>The service include:</b></p> <ol style="list-style-type: none"> <li>1. Support for learning socially acceptable behavior; effective communication; self-direction and problem solving; engaging in safety practices; performing household chores in a safe and effective manner; performing self-care; and skills for employment;</li> <li>2. Transportation to and from and within this service is included within the services; and</li> <li>3. Nurse Case Management and Delegation Services.</li> </ol>	<p><i><b>The following criteria will be used for new persons to access Community Living – Group Home services:</b></i></p> <ol style="list-style-type: none"> <li>1. <i>Person has critical support needs that cannot be met by other residential or in-home services and supports;</i></li> <li>2. <i>This residential model is the least restrictive and most cost-effective service to meet needs; AND</i></li> <li>3. <i>The person meets one of the following criteria:</i> <ol style="list-style-type: none"> <li>a) <i>He or she currently lives on his or her own and unable to care for himself or herself even with services and supports;</i></li> <li>b) <i>He or she currently lives on his or her own or with family or other unpaid caregivers and such living situation presents an imminent risk to his or her physical or mental health and safety or the health and safety of others;</i></li> <li>c) <i>The person is (i) homeless and living on the street; (ii) has no permanent place to live; or (ii) at immediate risk of homelessness or having no permanent place to live;</i></li> <li>d) <i>The Person currently lives with family or other unpaid caregivers and documentation exists that in-</i></li> </ol> </li> </ol>	<p><i>To bill the day rate, the person must be in the home overnight or for a minimum of 6 hours during the day.</i></p> <p><b>Documentation requirements for Community Living-Group Home Support includes the following:</b></p> <ul style="list-style-type: none"> <li>- Attendance log acknowledging that the person was in the home at least 6 hours; AND</li> <li>- Documented affirmation the service was provided; examples include but are not limited to: MAR, service notes, etc.</li> </ul> <p><b>Providers are required to retain:</b></p> <ul style="list-style-type: none"> <li>- Staff time sheets or payroll information documenting the provision of the base staffing hours specified for the home;</li> <li>- Service documentation (i.e. MAR, service notes, etc.) and have available upon request; AND</li> <li>- Documentation that staff meet all qualifications as</li> </ul>	<p>Community Living—Group Home services are not available at the same time as the direct provision of Career Exploration, Community Development Services, Community Living-Enhanced Supports, Day Habilitation, Employment Discovery and Customization, Employment Services, Medical Day Care, Nurse Consultation, Nurse Health Case Management, Personal Supports, Respite Care Services, Shared Living, Supported Employment, Supported Living, or Transportation services.</p>

		<p>Note: Services are provided in a provider owned or operated group home setting.</p>	<p><i>home services available through the other waiver services would not be sufficient to meet the needs of the person;</i></p> <p><i>e) The person's family's or unpaid caregiver's health changes significantly where the primary caregiver is incapacitated and there is no other available caregiver. Examples of such significant health changes include a long-term illness or permanent injury;</i></p> <p><i>f) There is no family or unpaid caretaker to provide needed care;</i></p> <p><i>g) There is a risk of abuse or neglect to the person in his or her current living situation as evidenced by: (1) recurrent involvement of the Child Protective Services (CPS) or Adult Protective Services (APS) as documented by the case manager that indicates the person's health and safety cannot be assured and attempts to resolve the situation are not effective with CPS or APS involvement or (2) removal from the home by CPS or APS;</i></p> <p><i>h) With no other home or residential setting available, the person is: (1) ready for discharge from a hospital, nursing facility, State Residential Center, psychiatric facility, or other institution; (2) ready for release</i></p>	<p><i>required for this specific service and DDA.</i></p>	
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			<p><i>from incarceration; (3) residing in a temporary setting such as a shelter, hotel, or hospital emergency department (4) transitioning from a residential school; or (5) returning from an out of State placement; or</i></p> <p><i>i) Extenuating circumstances.</i></p> <p><b><i>If the person is living in their own, or a family home:</i></b></p> <ul style="list-style-type: none"> <li>- <i>Documentation that CFC and personal supports have been explored and are insufficient to meet the person's needs; OR</i></li> <li>- <i>Documentation that the person's health and welfare is jeopardized in their current living situation. Examples of documentation include APS referrals, increased ER visits, critical incident reports, etc.</i></li> </ul> <p><b><i>If the person is in an institutional setting or homeless:</i></b></p> <ul style="list-style-type: none"> <li>- <i>Documentation that less restrictive living options have been explored and cannot meet the person's needs.</i></li> </ul> <p><b><i>Service Authorization requirements for Nurse Case Management and Delegation Services standalone support:</i></b></p>		
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			<ul style="list-style-type: none"><li>- <i>In the event that additional Nurse Case Management and Delegation training supports are needed as indicated in the HRST because of a change in the person’s health status or after discharge from a hospital or skilled nursing facility, the request is reviewed by DDA’s Regional Office and additional standalone Nurse Case Management and Delegation Service support service hours can be authorized.</i></li></ul> <p><i>Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including but not limited to those offered by Maryland’s State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services, must be explored and exhausted to the extent applicable. These efforts must be documented in the participant’s file.</i></p> <p><i>To the extent any listed services are covered under the Medicaid State Plan, the services under the waiver will be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.</i></p>		
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<p><b>Community Living-Group Home Support: Dedicated Hours</b></p>	<p>(Hour)</p>	<p>Dedicated 1:1 or 2:1 staff-to-participant supports within Community Living - Group Home supports.</p>	<p><i>Teams may request authorization of dedicated staff hours when base shared hours and overnight supervision (as applicable) does not meet the person's needs:</i></p> <ul style="list-style-type: none"> <li>- A copy of the schedule noting the base, shared, and dedicated hours currently authorized in the person's home should be submitted; AND</li> <li>- Dedicated 1:1 hours max out when the house reaches 1:1 support for each person living in the home.</li> </ul> <p><i>Note: The authorized hours are not limited to services provided inside the home and can support the person with community engagement, including for individualized transportation needs.</i></p> <p><i>Based on assessed need, authorization can be for specified months or for the entire year.</i></p> <p><i>Supporting documentation to demonstrate assessed need include:</i></p> <p><i>All 1:1 dedicated hours:</i></p> <ul style="list-style-type: none"> <li>- HRST documenting the need for 1:1 staffing,</li> <li>- SIS,</li> <li>- Behavioral Plan, and/or</li> <li>- Community integration goals</li> </ul>	<p><i>Required documentation for Community Living-Group Home Support: Dedicated Hours includes the following:</i></p> <ul style="list-style-type: none"> <li>- Staff time sheets or payroll records documenting the start/end time of staff providing dedicated hours; AND</li> <li>- For each block of consecutive units of service, document service performed.</li> </ul> <p><i>Dedicated hours (behavioral):</i></p> <ul style="list-style-type: none"> <li>- Providers may use the behavioral plan data tracking form to document services provided under dedicated hours associated with the behavioral plan outcomes.</li> </ul>	<p>Community Living—Group Home Dedicated Hours are not available at the same time as the direct provision of Career Exploration, Community Development Services, Community Living-Enhanced Supports, Day Habilitation, Employment Discovery and Customization, Employment Services, Medical Day Care, Nurse Consultation, Nurse Health Case Management, Personal Supports, Respite Care Services, Shared Living, Supported Employment, Supported Living, or Transportation services.</p>
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			<p><i>If 1:1 dedicated hours are requested for <b>medical</b> needs:</i></p> <ul style="list-style-type: none"> <li>- <i>Dedicated hours must be recommended by an Nursing Care Plan or Behavior Plan; AND</i></li> <li>- <i>Needs that may merit dedicated hours include but are not limited to fractures impacting mobility, post-operative and post-hospitalization recovery, chemotherapy, dialysis, transfers, turning, positioning, etc.</i></li> <li>- <i>When dedicated hours are requested for mobility/ambulation, there must be documentation that DME and AT has been explored as an alternative to dedicated staff.</i></li> <li>- <i>Dedicated hours may be authorized in lieu of day services when the person's health status is compromised by leaving the home or they are of retirement age.</i></li> </ul> <p><i>If 1:1 dedicated hours are requested for <b>behavioral</b> needs:</i></p> <ul style="list-style-type: none"> <li>- <i>Behavioral assessment and behavioral plan must specify the frequency, severity and duration of the behavior(s) and need for dedicated staff;</i></li> <li>- <i>Recent (within 90 days) incident reports document the need for dedicated staff; AND</i></li> <li>- <i>Documentation that the least restrictive staffing options have</i></li> </ul>		
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			<p><i>been explored and cannot meet the person's needs.</i></p> <ul style="list-style-type: none"> <li>- <i>Dedicated hours CANNOT be authorized as an alternative to day habilitation if the person is of working age (as determined by Social Security guidelines) AND is refusing both employment AND CDS options.</i></li> </ul> <p><b>Documentation to support 2:1 dedicated hours includes:</b></p> <ul style="list-style-type: none"> <li>- <i>HRST, SIS, or Behavioral Plan documenting need for 2:1 staffing; AND</i></li> <li>- <i>A copy of the schedule noting the base and dedicated hours currently authorized in the person's home; when other people in the home have dedicated staffing, the regional office may request documentation to determine if dedicated 2:1 staffing is necessary to ensure the health and safety of people living in the home. For example, if the 2:1 is requested to ensure the person doesn't harm others, and all roommates have 1:1 staffing, the 2:1 staff may not be necessary.</i></li> </ul>		
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			<p><b><i>Examples of situation that may indicate the need for 2:1 dedicated hours include, but are not limited to:</i></b></p> <ul style="list-style-type: none"> <li>- The 2<sup>nd</sup> staff is needed to relieve the 1<sup>st</sup> staff.</li> <li>- The 1<sup>st</sup> staff is responsible for implementing the BP, the 2<sup>nd</sup> staff is needed to ensure the safety and security of the environment, i.e. the person has PICA and puts non-edibles in his/her mouth.</li> <li>- The person requires constant monitoring while in transport and the 2<sup>nd</sup> staff is needed to drive.</li> <li>- The person needs 2:1 because of intensive physical support needed to prevent harm to self or others.</li> </ul> <p><i>Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including but not limited to those offered by Maryland's State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services, must be explored and exhausted to the extent applicable. These efforts must be documented in the participant's file.</i></p> <p><i>To the extent any listed services are covered under the Medicaid State Plan, the services under the waiver will be limited to additional services not</i></p>		
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			<p><i>otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.</i></p> <p><i>Note: All participants in this setting must be authorized for Community Living - Enhanced Support services.</i></p>		
<b>Community Living-Enhanced Supports</b>	<p><i>(Day)</i></p> <p><b>This service is only authorized and billed through LTSSMaryland</b></p>	<p>Community Living-Enhanced Supports provide the participant, who exhibits challenging behaviors or have court ordered restrictions, with development and maintenance of skills related to activities of daily living, instrumental activities of daily living, socialization, and safety of self and others, by providing additional observation and direction in a community residential setting.</p> <p><b>The service include:</b></p> <ol style="list-style-type: none"> <li>1. Support for learning socially acceptable behavior; effective communication; self-direction and problem solving; engaging in safety practices; performing household chores in a safe and effective manner; performing self-care; and skills for employment;</li> </ol>	<p><b><i>Service Authorization requirements for Community Living-Enhanced Supports include the following:</i></b></p> <ol style="list-style-type: none"> <li>1. <i>The person has critical support needs that cannot be met by other residential or in-home services and supports; and</i></li> <li>2. <i>The person meets the following criteria:</i> <ol style="list-style-type: none"> <li>a) <i>The person has (i) court ordered restrictions to community living; or (ii) demonstrated history of severe behaviors requiring restrictions and the need for enhanced skills staff; and</i></li> <li>b) <i>Community Living – Enhanced Support Services are the least restrictive environment to meet needs.</i></li> </ol> </li> </ol> <p><b><i>Supporting documentation to demonstrate assessed need include:</i></b></p> <ul style="list-style-type: none"> <li>- <i>Critical support needs that cannot be met by other less restrictive</i></li> </ul>	<p><b><i>To bill the day rate, the person must be in the home overnight or for a minimum of 6 hours during the day.</i></b></p> <ul style="list-style-type: none"> <li>- <i>Attendance log acknowledging that the person was in the home at least 6 hours; AND</i></li> <li>- <i>Documented affirmation the service was provided as authorized by the PCP, i.e. daily service note.</i></li> </ul> <p><b><i>Required documentation for Community Living-Enhanced Supports includes the following:</i></b></p> <ul style="list-style-type: none"> <li>- <i>Staff time sheets or payroll information documenting the provision of the base staffing hours specified for the home;</i></li> <li>- <i>Service documentation (i.e. MAR, service notes, etc.) and have available upon request; AND</i></li> <li>- <i>Documentation that staff meet all qualifications as</i></li> </ul>	<p>Community Living-Enhanced Supports services are not available at the same time as the direct provision of Behavioral Support Services, Career Exploration, Community Development Services, Community Living-Group Homes, Day Habilitation, Employment Discovery and Customization, Employment Services, Medical Day Care, Nurse Consultation, Nurse Health Case Management, Personal Supports, Respite Care Services, Shared Living, Supported Employment, Supported Living, or Transportation services.</p>

		<p>2. Transportation to and from and within this service is included within the services;</p> <p>3. Nurse Case Management and Delegation Services; and</p> <p>4. Behavioral support services.</p> <p>Note: Services may be provided to no more than four (4) individuals (including the person) in one home unless approved by DDA.</p>	<p><i>residential or in-home services and supports; OR</i></p> <ul style="list-style-type: none"> <li>- <i>Court order restricting community living; OR</i></li> <li>- <i>Documentation of severe behaviors requiring restrictions and the need for staff with enhanced training and skills.</i></li> </ul> <p><i>Note: Person's base rate will be determined by 1:1 staffing ratios during awake hours and shared staffing overnight; Household size cannot exceed 4 people unless pre-authorized by DDA.</i></p> <p><b><i>Service Authorization requirements for Nurse Case Management and Delegation Services standalone support:</i></b></p> <ul style="list-style-type: none"> <li>- <i>In the event that additional Nurse Case Management and Delegation training supports are needed as indicated in the HRST because of a change in the person's health status or after discharge from a hospital or skilled nursing facility, the request is reviewed by DDA's Regional Office and additional standalone Nurse Case Management and Delegation Service support service hours can be authorized.</i></li> </ul>	<p><i>required for this specific service and DDA.</i></p>	
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			<p><i>Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including but not limited to those offered by Maryland’s State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services, must be explored and exhausted to the extent applicable. These efforts must be documented in the participant’s file.</i></p> <p><i>To the extent any listed services are covered under the Medicaid State Plan, the services under the waiver will be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.</i></p>		
<b>Community Living-Enhanced Supports: Dedicated Hours</b>	<p><i>(Hour)</i></p> <p><b>This service is only authorized and billed through LTSSMaryland</b></p>	<p>Dedicated 1:1 or 2:1 staffing within Community Living-Enhanced Supports</p> <p>Teams may request authorization of dedicated staff hours when base rate hours do not meet the person’s needs; authorized hours are not limited to services provided inside the home.</p>	<p><b><i>Teams may request authorization of dedicated staff hours when base shared hours and overnight supervision does not meet the person’s needs:</i></b></p> <ul style="list-style-type: none"> <li>- <i>A copy of the schedule noting the base, shared, and dedicated hours currently authorized in the person’s home should be submitted; AND</i></li> <li>- <i>Dedicated 1:1 hours max out when the house reaches 1:1 support for each person living in the home.</i></li> </ul>	<p><b><i>Required documentation for Community Living-Enhanced Supports: Dedicated Hours includes the following:</i></b></p> <ul style="list-style-type: none"> <li>- <i>Staff timesheets or payroll records documenting the start/end time of staff providing dedicated hours; AND</i></li> <li>- <i>For each block of consecutive units of service, document how the service performed relates to the PCP service</i></li> </ul>	<p>Community Living—Group Home services are not available at the same time as the direct provision of Career Exploration, Community Development Services, Community Living-Enhanced Supports, Day Habilitation, Employment Discovery and Customization, Employment Services,</p>

			<p><i>Note: The authorized hours are not limited to services provided inside the home and can support the person with community engagement, including for individualized transportation needs.</i></p> <p><i>Based on assessed need, authorization can be for specified months or for the entire year.</i></p> <p><b><i>Service Authorization requirements for Community Living- Enhanced Supports: Dedicated Hours include the following:</i></b></p> <p><b><i>1:1 dedicated hours:</i></b></p> <ul style="list-style-type: none"> <li>- <i>Dedicated hours may be authorized for overnight staffing when documentation indicates base hours for overnight shared staffing is inadequate to prevent harm to self or others.</i></li> </ul> <p><b><i>2:1 dedicated hours:</i></b>  <b><i>are time limited with the intention of the person transitioning to 1:1 support, when:</i></b></p> <ul style="list-style-type: none"> <li>- <i>Documentation indicates that the person is:</i> <ul style="list-style-type: none"> <li>○ <i>Unable to participate in meaningful day activities; AND</i></li> <li>○ <i>Has a need for 2:1 staffing as documented by the HRST, SIS, or BP.</i></li> </ul> </li> </ul>	<p><i>authorization, i.e. services note or behavioral plan data tracking form.</i></p>	<p>Medical Day Care, Nurse Consultation, Nurse Health Case Management, Personal Supports, Respite Care Services, Shared Living, Supported Employment, Supported Living, or Transportation services.</p>
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			<p><b>Examples of situation that may indicate the need for 2:1 dedicated hours include, but are not limited to:</b></p> <ul style="list-style-type: none"> <li>- The 2<sup>nd</sup> staff is needed to relieve the 1<sup>st</sup> staff.</li> <li>- The 1<sup>st</sup> staff is responsible for implementing the BP, the 2<sup>nd</sup> staff is needed to ensure the safety and security of the environment.</li> <li>- The person requires constant monitoring while in transport and the 2<sup>nd</sup> staff is needed to drive.</li> <li>- The person needs 2:1 because of intensive physical support needed to prevent harm to self or others.</li> </ul> <p>Note: Based on assessed need, authorization can be for specified months or for the entire year.</p>		
<b>Residential Retainer Fee: Community Living-Group Home and Community Living - Enhanced Supports</b>	Day	Retainer Fee is available for up to 18 days per calendar year, per person, when the person is unable to receive services due to hospitalization, behavioral respite, or family visits.	<p><b>Service Authorization requirements for Residential Retainer Fee include the following:</b></p> <ul style="list-style-type: none"> <li>- 30 days are authorized annually for the provider of each person receiving Community Living-Group Home and -Enhanced Living;</li> <li>- Each time the person changes Community Living providers an additional 30 days of retainer services is authorized for the new provider; AND</li> <li>- This authorization is within the total number of days authorized for</li> </ul>	<p><b>Required documentation for Residential Retainer Fee:</b> Community Living-Group Home and Community Living-Enhanced Support includes the following:</p> <ul style="list-style-type: none"> <li>- Attendance log documenting the person's absence due to hospitalization, behavioral respite or family visit.</li> </ul>	Community Living—Group Home services are not available at the same time as the direct provision of Career Exploration, Community Development Services, Community Living-Enhanced Supports, Day Habilitation, Employment Discovery and Customization, Employment Services, Medical Day Care, Nurse

			<p><i>the service and will be made automatically available in LTSS.</i></p> <p><i>Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including but not limited to those offered by Maryland’s State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services, must be explored and exhausted to the extent applicable. These efforts must be documented in the participant’s file.</i></p> <p><i>To the extent any listed services are covered under the Medicaid State Plan, the services under the waiver will be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.</i></p>		<p>Consultation, Nurse Health Case Management, Personal Supports, Respite Care Services, Shared Living, Supported Employment, Supported Living, or Transportation services.</p>
<b>Trial Experience - Community Living – Group Home and Enhanced Support</b>	(Day)	This service offers a trial experience with a provider for people transitioning from an institutional or non-residential site on a temporary basis.	<p><i>Service may be authorized on a temporary, trial basis not to exceed 7 days/overnights if the person transitioning from an institutional or non-residential site can reasonably be expected to be eligible for and to enroll in the waiver.</i></p> <p><i>Maximum authorization of 7 days within the 180-day period in advance of</i></p>	<p><i>Services provided to a person transitioning from a Medicaid institutional setting are billable when the person leaves the institutional setting and enters the waiver. Services are billed to Medicaid as an administrative cost.</i></p>	<p>Community Living—Group Home services are not available at the same time as the direct provision of Career Exploration, Community Development Services, Community Living-Enhanced Supports, Day Habilitation, Employment</p>

			<p><i>a move from an institution or non-residential site.</i></p> <p><i>Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including but not limited to those offered by Maryland's State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services, must be explored and exhausted to the extent applicable. These efforts must be documented in the participant's file.</i></p> <p><i>To the extent any listed services are covered under the Medicaid State Plan, the services under the waiver will be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.</i></p>		<p>Discovery and Customization, Employment Services, Medical Day Care, Nurse Consultation, Nurse Health Case Management, Personal Supports, Respite Care Services, Shared Living, Supported Employment, Supported Living, or Transportation services.</p>
<b>Supported Living</b>	(Day)	<p>Supported Living services provide persons with a variety of individualized community living services to support living independently in the community in their own home.</p> <p>This residential service is for people living in a setting that is not owned or leased by a provider. The people living in the home or parent/guardian own or</p>	<p><b><i>Service Authorization requirements for Supported Living include the following:</i></b></p> <ol style="list-style-type: none"> <li><i>1. Person chooses to live independently or with roommates; and</i></li> <li><i>2. This residential model is the most cost-effective service to meet the person's needs.</i></li> </ol>	<p><b><i>To bill the day rate, the person must be in the home overnight or for a minimum of 6 hours during the day:</i></b></p> <ul style="list-style-type: none"> <li><i>- Attendance log acknowledging that the person was in the home at least 6 hours; AND</i></li> <li><i>- Documented affirmation the service was provided; examples include but are not</i></li> </ul>	<p>Supported Living services are not available at the same time as the direct provision of Career Exploration, Community Development Services, Community Living-Enhanced Supports, Community Living-Group Homes, Day Habilitation, Employment Discovery and Customization,</p>



		<p>lease the home. Home size is limited to no more than 4 people.</p> <p>Note: Nurse Case Management and Delegation Services and Transportation to and from and within this service is included within the service.</p>	<p><b><i>If the person is living in their own, or a family home:</i></b></p> <ul style="list-style-type: none"> <li>- Documentation that CFC and personal supports have been explored and are insufficient to meet the person's needs; AND</li> <li>- Documentation that the person's health and welfare is jeopardized in their current living situation.</li> <li>- Documentation that less restrictive living options have been explored and cannot meet the person's needs.</li> </ul> <p>Providers may request authorization to NOT staff a supported living home overnight. If authorized to NOT staff a supported living home, the costs of overnight direct staff are "turned off" or removed from the base rate. Requests to "turn off" overnight direct staff must be reviewed and may be approved by the regional office if ALL conditions are met:</p> <ul style="list-style-type: none"> <li>- All people living in the home acknowledge they do not want to receive overnight supports;</li> <li>- The provider acknowledges that overnight direct staff are not necessary to ensure the health and safety of people living in the home;</li> <li>- HRST for every person living in the home documents that each person</li> </ul>	<p><i>limited to: MAR, service notes, etc.</i></p> <p><i>Required documentation for Supported Living includes the following:</i></p> <ul style="list-style-type: none"> <li>- Staff time sheets or payroll information documenting the provision of the base staffing hours specified for the home;</li> <li>- Service documentation (i.e. MAR, service notes, etc.) and have available upon request; AND</li> <li>- Documentation that staff meet all qualifications as required for this specific service and DDA.</li> </ul>	<p>Employment Services, Live-in Caregiver Supports, Medical Day Care, Nurse Consultation, Nurse Health Case Management, Personal Supports, Respite Care Services, Shared Living, or Supported Employment services.</p>
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			<p><i>can self-administer medication, toilet, and ambulate; AND</i></p> <ul style="list-style-type: none"> <li>- <i>Documentation of a fire drill completed at night (after 10 P.M.) within the previous 365 days confirms that every person living in the house was able to evacuate timely without assistance.</i></li> <li>- <i>When Remote Support Services (RSS) is used as an alternative to overnight direct staffing, the RSS service authorization requirements must also be met.</i></li> </ul> <p><i>The regional office may exercise discretion in determining whether there is a safety risk associated with not providing overnight direct staff and has the authority to deny requests to “turn off” overnight base staffing.</i></p> <p><i>Service Authorization requirements for Nurse Case Management and Delegation Services standalone support:</i></p> <ul style="list-style-type: none"> <li>- <i>In the event that additional Nurse Case Management and Delegation training supports are needed as indicated in the HRST because of a change in the person’s health status or after discharge from a hospital or skilled nursing facility, the request is reviewed by DDA’s</i></li> </ul>		
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			<i>Regional Office and additional standalone Nurse Case Management and Delegation Service support service hours can be authorized.</i>		
<b>Supported Living: Dedicated Hours</b>	<i>(Hour)</i>	<p>Dedicated 1:1 or 2:1 staffing within Supported Living</p> <p>Teams may request authorization of dedicated staff hours when base rate hours do not meet the person's needs; authorized hours are not limited to services provided inside the home.</p>	<p><b><i>Teams may request authorization of dedicated staff hours when base shared hours and overnight supervision does not meet the person's needs:</i></b></p> <ul style="list-style-type: none"> <li><i>- A copy of the schedule noting the base, shared, and dedicated hours currently authorized in the person's home should be submitted; AND</i></li> <li><i>- Dedicated 1:1 hours max out when the house reaches 1:1 support for each person living in the home.</i></li> </ul> <p><i>The authorized hours are not limited to services provided inside the home and can support the person with community engagement, including for individualized transportation needs.</i></p> <p><i>Based on assessed need, authorization can be for specified months or for the entire year.</i></p> <p><b><i>Supporting documentation to demonstrate assessed need include:</i></b></p>	<p><b><i>Required documentation for Supported Living: Dedicated Hours includes the following:</i></b></p> <p><b><i>All Dedicated hours</i></b></p> <ul style="list-style-type: none"> <li><i>- Staff time sheets or payroll records documenting the start/end time of staff providing dedicated hours; AND</i></li> <li><i>- For each block of consecutive units of service, document how the service performed relates to the PCP service authorization.</i></li> </ul> <p><b><i>Dedicated hours (behavioral):</i></b></p> <ul style="list-style-type: none"> <li><i>- Providers may use the behavioral plan data tracking form to document services provided under dedicated hours associated with the behavioral plan outcomes.</i></li> </ul>	<p>Supported Living services are not available at the same time as the direct provision of Career Exploration, Community Development Services, Community Living-Enhanced Supports, Community Living-Group Homes, Day Habilitation, Employment Discovery and Customization, Employment Services, Live-in Caregiver Supports, Medical Day Care, Nurse Consultation, Nurse Health Case Management, Personal Supports, Respite Care Services, Shared Living, or Supported Employment services.</p>

			<p><b>Supporting documentation to demonstrate assessed need include:</b></p> <p><b>All 1:1 dedicated hours:</b></p> <ul style="list-style-type: none"> <li>- HRST documenting the need for 1:1 staffing,</li> <li>- SIS,</li> <li>- Behavioral Plan, and/or</li> <li>- Community integration goals</li> </ul> <p><b>If 1:1 dedicated hours are requested for medical needs:</b></p> <ul style="list-style-type: none"> <li>- Dedicated hours must be recommended by an RN or BSS; AND</li> <li>- Needs that may merit dedicated hours include but are not limited to fractures impacting mobility, post-operative and post-hospitalization recovery, chemotherapy, dialysis, transfers, turning, positioning, etc.</li> <li>- When dedicated hours are requested for mobility/ambulation, there must be documentation that DME has been explored as an alternative to dedicated staff.</li> <li>- Dedicated hours may be authorized in lieu of day services when the person's health status is compromised by leaving the home or they are of retirement age.</li> </ul>		
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			<p><i>If 1:1 dedicated hours are requested for <b>behavioral</b> needs:</i></p> <ul style="list-style-type: none"> <li>- Behavioral assessment and behavioral plan must specify the frequency, severity and duration of the behavior(s) and need for dedicated staff;</li> <li>- Recent (within 90 days) incident reports document the need for dedicated staff; AND</li> <li>- Documentation that the least restrictive staffing options have been explored and cannot meet the person's needs.</li> <li>- Dedicated hours CANNOT be authorized as an alternative to day habilitation if the person is of working age (as determined by Social Security guidelines) AND is refusing both employment AND CDS options.</li> </ul> <p><b>Documentation to support 2:1 dedicated hours includes:</b></p> <ul style="list-style-type: none"> <li>- HRST, SIS, or BP documenting need for 2:1 staffing; AND</li> <li>- A copy of the schedule noting the base and dedicated hours currently authorized in the person's home; when other people in the home have dedicated staffing, the regional office may request documentation to determine if dedicated 2:1 staffing is necessary</li> </ul>		
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			<p><i>to ensure the health and safety of people living in the home. For example, if the 2:1 is requested to ensure the person doesn't harm others, and all roommates have 1:1 staffing, the 2:1 staff may not be necessary.</i></p> <p><b><i>Examples of situation that may indicate the need for 2:1 dedicated hours include, but are not limited to:</i></b></p> <ul style="list-style-type: none"> <li>- <i>The 2<sup>nd</sup> staff is needed to relieve the 1<sup>st</sup> staff.</i></li> <li>- <i>The 1<sup>st</sup> staff is responsible for implementing the BSP, the 2<sup>nd</sup> staff is needed to ensure the safety and security of the environment, i.e. the person has PICA and puts non-edibles in his/her mouth.</i></li> <li>- <i>The person requires constant monitoring while in transport and the 2<sup>nd</sup> staff is needed to drive.</i></li> <li>- <i>The person needs 2:1 because of intensive physical support needed to prevent harm to self or others.</i></li> </ul>		
<b>Shared Living</b>	<b>(Monthly)</b>	<p>Shared Living is an arrangement in which an individual, couple or a family in the community share their home and life's experiences with a person with a disability. The approach is based on a mutual relationship where both parties agree to share their lives.</p>	<p><b><i>Service Authorization requirements for Shared Living include the following criteria:</i></b></p> <ol style="list-style-type: none"> <li><i>1. Person does not have family or relative supports; and</i></li> <li><i>2. Person chooses this living option.</i></li> </ol>	<p><b><i>Required documentation for Shared Living includes the following:</i></b></p> <p><i>Progress note signed by agency staff to indicate the date of face to face monitoring and findings;</i> <b><i>AND</i></b></p>	<p>Shared Living services are not available at the same time as the direct provision of Career Exploration, Community Development Services, Community Living-Enhanced Supports,</p>

		<p><b>Services include:</b></p> <ol style="list-style-type: none"> <li>1. Assistance, support, and guidance (e.g., physical assistance, instruction, prompting, modeling, and reinforcement) in the general areas of self-care, health maintenance, decision making, home management, managing personal resources, communication, mobility and transportation, relationship development and socialization, personal adjustment, participating in community functions and activities, and use of community resources;</li> <li>2. Nurse Case Management and Delegation Services; and</li> <li>3. Transportation.</li> </ol> <p><i>Note: Transportation is included in the cost of Shared Living and may not be billed as a separate service, unless the person wants to access their community independently.</i></p>	<p><b><i>Beginning July 1, 2020, level of support is based upon service needs as follows:</i></b></p> <ul style="list-style-type: none"> <li>- <i>Level 1 Basic: Person does not require continuous supervision and monitoring.</i></li> <li>- <i>Level 2 Intermediate: Person requires increased supervision and monitoring.</i></li> <li>- <i>Level 3 Advanced: Person requires continuous supervision and monitoring including designated 1:1 assistance for more than two hours daily to mitigate behavioral risk or provide medical supports.</i></li> </ul> <p><b><i>Examples of situation that may indicate the need for increased or continuous supervision and monitoring:</i></b></p> <ul style="list-style-type: none"> <li>- <i>The person needs assistance for mobility.</i></li> <li>- <i>The person needs an increase level of support for ADLs.</i></li> <li>- <i>The person has a behavioral plan.</i></li> <li>- <i>The person is unable to recognize and avoid dangerous situation and cannot independently evacuate premises in case of fire, emergencies, etc. therefore, requires prompting to evacuate.</i></li> </ul>	<ul style="list-style-type: none"> <li>- <i>Monthly invoice signed and dated by the host home provider to include dates host home services were provided.</i></li> </ul> <p><i>Providers are required to retain staff time sheets or payroll information documenting staffing for the provision of waiver services.</i></p>	<p>Community Living-Group Homes, Day Habilitation, Employment Discovery and Customization, Employment Services, Live-in Caregiver Supports, Medical Day Care, Nurse Consultation, Nurse Health Case Management, Personal Supports, Respite Care Services, Supported Living, Supported Employment or Transportation services.</p> <p>Shared Living services are not available to participants receiving support services in other residential models including Community Living-Group Homes, Community Living-Enhanced Supports, and Supported Living service.</p>
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			<p><b><i>For level 3, the person:</i></b></p> <ul style="list-style-type: none"> <li>- <i>Has a HRST score of 5 with a Q indicator that is not related to behavior support;</i></li> <li>- <i>Requires maximum assistance for mobility support and gets around in a wheelchair or needs adaptive equipment for ambulation;</i></li> <li>- <i>Requires maximum assistance for frequent medical appointments, medications, and specialist or health intervention for health and safety.</i></li> <li>- <i>Requires maximum assistance to complete activities of daily living and may display severe challenging behaviors that require a behavior plan.</i></li> <li>- <i>Is not able to recognize and avoid dangerous situation and need maximum assistance to evacuate premises in case of fire, emergencies, etc. therefore, requires prompting to evacuate.</i></li> </ul> <p><b><i>Service Authorization requirements for Nurse Case Management and Delegation Services standalone support:</i></b></p> <p><i>In the event that additional Nurse Case Management and Delegation training supports are needed as indicated in the HRST because of a change in the</i></p>		
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			<i>person's health status or after discharge from a hospital or skilled nursing facility, the request is reviewed by DDA's Regional Office and additional standalone Nurse Case Management and Delegation Service support service hours can be authorized.</i>		
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